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Maryland Medical Care Programs

Medical Assistance Program · Pharmacy Assistance Program

The Year in Review

Fiscal Year 1984

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Secretary

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Prepared by
Policy Analysis and Program Development

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Introduction

The Maryland Medical Care Programs, through the Medical Assistance Program and the Pharmacy Assistance Program, provides access to a broad range of health care services for eligible low income Maryland residents. Administered by the Assistant Secretary for Medical Care Programs, these programs are operated in accordance with federal and state law and receive funding from both the federal and state governments.

The Medical Assistance Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland. The program marked its eighteenth full year of operation in fiscal year 1984.

During the year, the program served a monthly average of 341,622 people, 7.9% of the state's population. Program eligibles received services from approximately 18,000 participating Maryland health care providers. Expenditures of nearly $607 million were made on behalf of eligible recipients of Medical Assistance.

Also administered by the Assistant Secretary, the Pharmacy Assistance Program completed its fifth year of operation in fiscal year 1984. Established by the General Assembly in 1978 and supported entirely by state funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately $3.5 million was spent during fiscal year 1984 for an average monthly enrollment of 11,370 persons.

This publication describes the people served, the services provided and the providers reimbursed under the Medical Care Programs during fiscal year 1984 (July 1, 1983 through June 30, 1984). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends in program expenditures, and a description of the Pharmacy Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1984.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

Members of the Medical Assistance Advisory Committee for fiscal year 1984 are listed below according to the expiration date of their term of office.

July 1984

John Braxton, Jr., M.D.	Dorothy Council
Carmalyn Dorsey	Jean Dockhorn
William Hankins	E. Jane Hanks
Joseph LaAsmar	Gail Liberto
Melvin Rubin	Ethel Pace

July 1985

Joyce Boyd, M.D.	Mildred Bright
Richard Buck	Ronald Harris
Darrell R. Cammack, Jr.	Rosalyn Hurwitz-Hartman
Harry Klinefelter, M.D.	Veronica Johnson
Maureen McCleary	Gladys Moran

July 1986

Lee Bernhardt	Jack Bovaird
Peter Borchardt	Margaret Johnson
Benjamin J. Kimbers, Jr., DSS	Eileen Leaman
Edward Matricardi	Millie Tyssowski
Judith Ratliff	Marian Veney

One representative from the Department of Health and Mental Hygiene (DHMH) and one from the Department of Human Resources (DHR) serve as non-voting members of the Advisory Committee. Douglas H. Morgan, DHMH, and Gloria Washington, DHR, represented their respective agencies in fiscal year 1984.

ENROLLMENT

During fiscal year 1984, the Maryland Medical Assistance Program average monthly enrollment was 341,622 people, 7.9% of the State's population. Figure 1 displays the enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 1.8% in Howard County to 24.4% in Baltimore City.

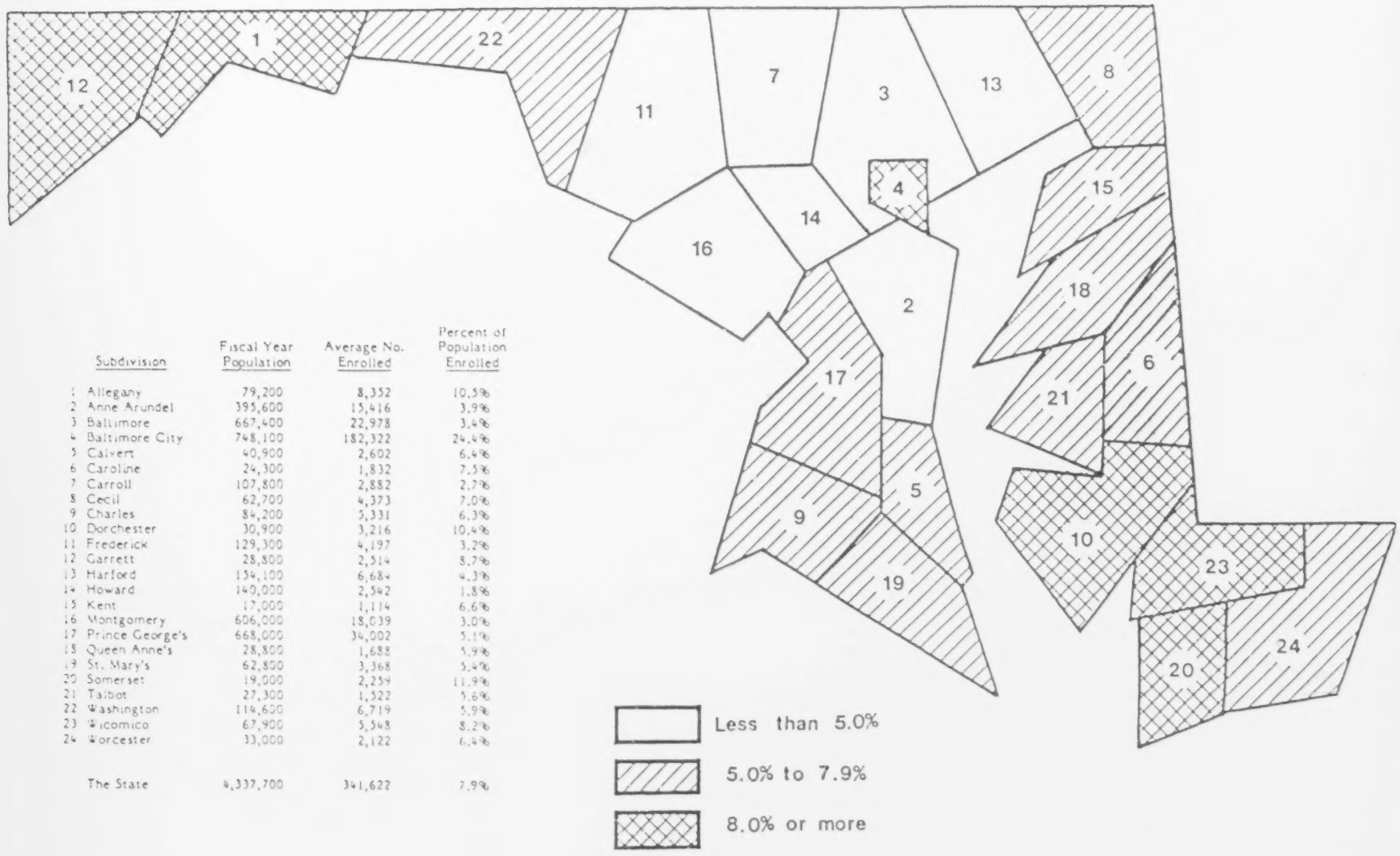
From fiscal year 1967, the first full year of operation for the Maryland Medical Assistance program, through fiscal year 1973, the Program's enrollment increased at an average annual rate of over 8.5%. This trend was reversed during fiscal year 1974 when enrollment dropped by nearly 4.1%. Enrollment rose again during fiscal year 1975 and the beginning of fiscal year 1976. A decline in enrollment began in the Spring of 1976 and continued through fiscal year 1979, decreasing a total of 14.5% for the period. Enrollment increased again the next two fiscal years, before declining by 2.6% in fiscal year 1982, 0.9% in fiscal year 1983, and 2.7% in FY 1984. (See Figure 2).

There are two major categories of enrollees in the Maryland Medical Assistance Program.* The **Categorically Indigent** are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) Program (Title IV-A of the Social Security Act), the Supplemental Security Income (SSI) Program (Title XVI of the Social Security Act), or the General Public Assistance (GPA) Program (Article 88A, Section 65-A of the Annotated Code of Maryland). Federal matching funds are available to pay for the cost of health care provided to AFDC and SSI recipients. Federal matching funds are not available for services provided to GPA recipients. Eligibility for SSI is established through the federal Social Security Administration and eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1984, 77.2% of all enrollees were Categorically Indigent.

The **Medically Indigent** are those persons whose incomes and resources are sufficient to pay for basic living expenses but are inadequate to meet the cost of necessary health care. To receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements which are established consistent with federal regulations. In fiscal year 1984, 22.8% of all enrollees qualified as Medically Indigent. Federal matching funds are available for services provided to SSI and AFDC-related Medically Indigent (MI-SSI and MI-AFDC).

*See Appendix A, Glossary of Terms, for definitions of eligibility categories.

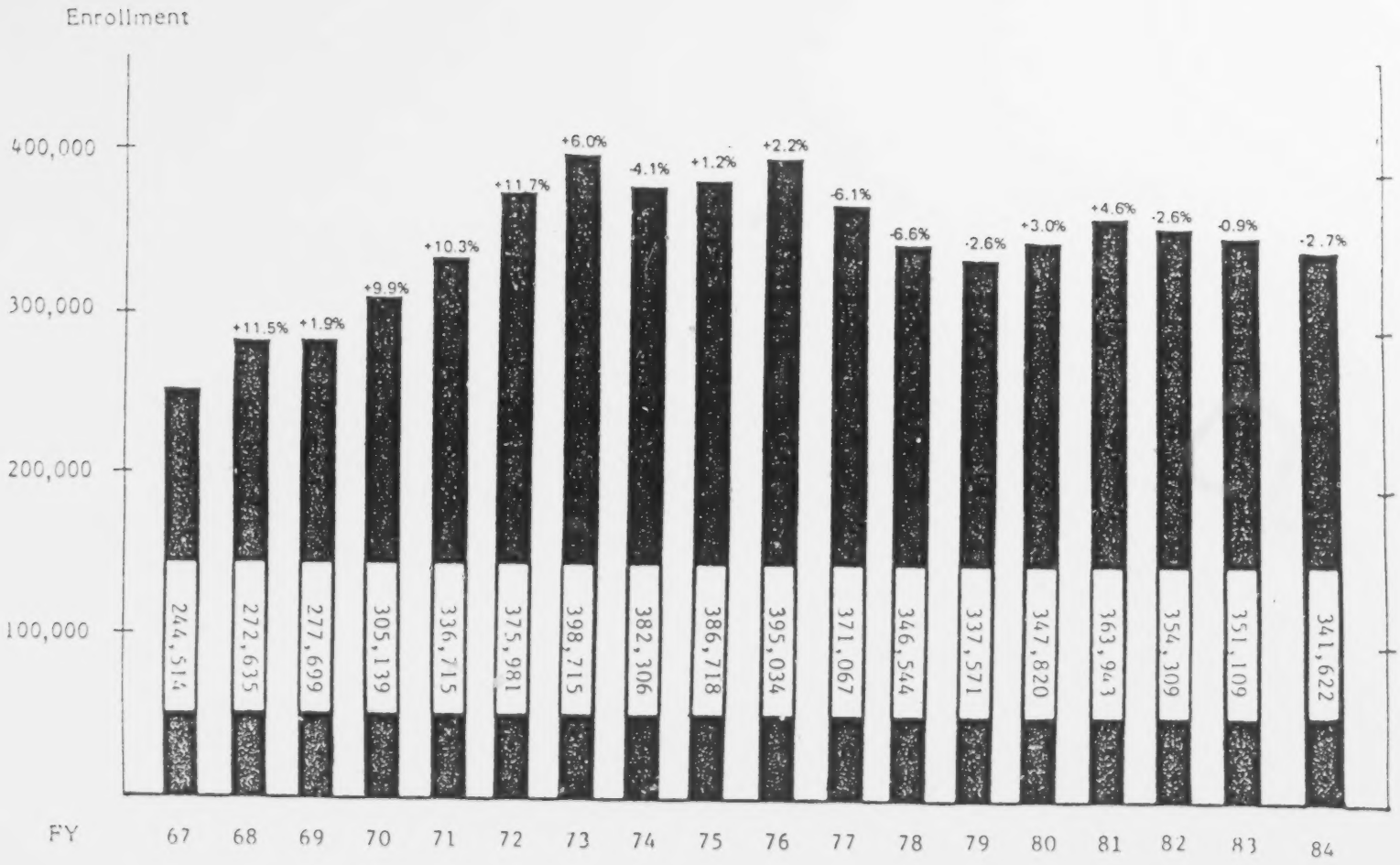
Figure 1
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1984



	Subdivision	Fiscal Year Population	Average No. Enrolled	Percent of Population Enrolled
1	Allegany	79,200	8,352	10.5%
2	Anne Arundel	395,600	15,416	3.9%
3	Baltimore	667,400	22,978	3.4%
4	Baltimore City	748,100	182,322	24.4%
5	Calvert	40,900	2,602	6.4%
6	Caroline	24,300	1,832	7.5%
7	Carroll	107,800	2,882	2.7%
8	Cecil	62,700	4,373	7.0%
9	Charles	84,200	5,331	6.3%
10	Dorchester	30,900	3,216	10.4%
11	Frederick	129,300	4,197	3.2%
12	Garrett	28,800	2,514	8.7%
13	Harford	134,100	6,684	4.3%
14	Howard	140,000	2,542	1.8%
15	Kent	17,000	1,114	6.6%
16	Montgomery	606,000	18,039	3.0%
17	Prince George's	668,000	34,002	5.1%
18	Queen Anne's	28,800	1,688	5.9%
19	St. Mary's	62,800	3,368	5.4%
20	Somerset	19,000	2,259	11.9%
21	Talbot	27,300	1,522	5.6%
22	Washington	114,600	6,719	5.9%
23	Wicomico	67,900	5,548	8.2%
24	Worcester	33,000	2,122	6.4%
	The State	4,337,700	341,622	7.9%

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967-1984



Medical Assistance eligibility for the Medically Indigent is determined by the local departments of social services according to Maryland Medical Assistance Program regulations, guidelines and standards. It is based on the number of persons in the family unit, the family's resources, and its net income (gross income less certain deductions and exclusions). The net income and the resources standards for fiscal year 1984 are indicated below.

Family Size	Net Income Standards	Resources Standards
1	$3,200	$2,500
2	3,700	2,600
3	4,200	2,700
4	4,700	2,800
5	5,200	2,900
6	5,700	3,000
7	6,200	3,100
8	6,720	3,200
9	7,272	3,300
10	7,836	3,400
Each Additional Person	+ $576	+ $100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medicaid, the Medical Assistance Program pays the premiums required for coverage under Medicare-Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualified for Medical Assistance through federally-matched programs accounted for 90.0% of total Program enrollment in fiscal year 1984. The remaining 10.0% qualified through 100% state-funded eligibility categories.

PROVIDERS

Approximately 18,000 health care providers were enrolled in the Maryland Medical Assistance Program in fiscal year 1984. The list of Maryland providers includes 59 hospitals, 180 nursing facilities; 5 health maintenance organizations; 57 home health agencies; 15 medical day care providers; approximately 9,000 physicians and physician groups; 1,800 dentists, dental groups, and clinics; 2,300 personal care providers; 900 pharmacies; and 1,500 special service providers. Providers must be approved by the

Program in order to participate. The number of providers is substantially above that reported for fiscal year 1983, as a result of the Program's effort to identify all providers of service. Effective May 1, 1984, all providers practicing in groups were enrolled and issued separate provider numbers in accordance with the certification standards of the federally required Medicaid Management Information Systems (MMIS).

Each Medical Assistance enrollee may receive services from participating physicians, dentists, pharmacies, and other providers of his/her choice, or may enroll in a health maintenance organization.

Over 7.5 million provider invoices were processed by the Program in fiscal year 1984. About 18 percent of these invoices were returned to providers for such reasons as recipient ineligibility or errors made in completing the invoices. The remaining 6.4 million invoices paid in fiscal year 1984 are identified by service type below:

	Number of Paid Invoices
Pharmacy	3,016,030
Physician	1,486,478
Hospital Outpatient	990,788
Special Services	368,461
Dental	158,566
Hospital Inpatient	115,583
Nursing Facility	186,112
Home Health	58,342
TOTAL	6,380,360

Ninety-nine percent of all complete and accurate invoices are paid within 30 days of receipt by the Medical Assistance Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office and their processing and payment of the vouchers.

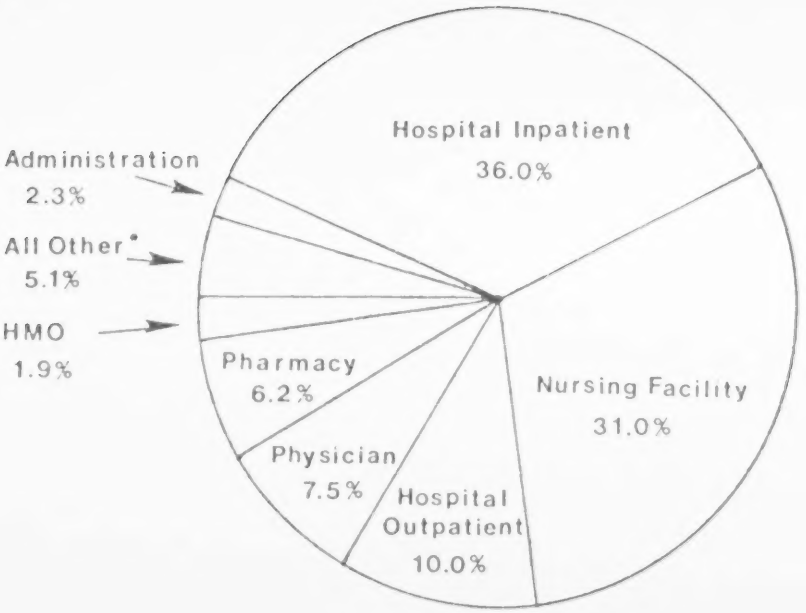
The Program works closely with liaison committees formed with providers of nursing home, pharmacy, dental, physician, podiatry, and vision care services so that Program staff can explain policies and procedures and resolve problems.

PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1984 were $606,952,273. Approximately 41.9% were federal funds and 58.1% were state funds.

Medical Care Programs' administrative costs for fiscal year 1984 were $13,802,573, approximately 2.3% of total Program costs. Total health care payments

Figure 3
MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1984



Service	Payments
Hospital inpatient	$218,699,876
Nursing facility	187,884,075
Hospital outpatient	60,666,405
Physician	45,509,020
Pharmacy	37,869,459
Health maintenance organization (HMO)	11,281,549
All other services*	31,239,321
Administration	13,802,573
Total	$606,952,278

* Includes dental, home and community health, general transportation and special services; premiums paid for buy-in of Medicare Part B; and payments to local health departments for screenings under the Early and Periodic Screening, Diagnosis and Treatment Program.

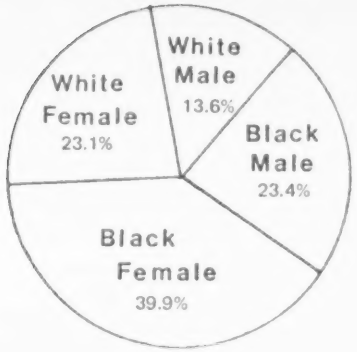
Figure 4
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY SELECTED CHARACTERISTICS

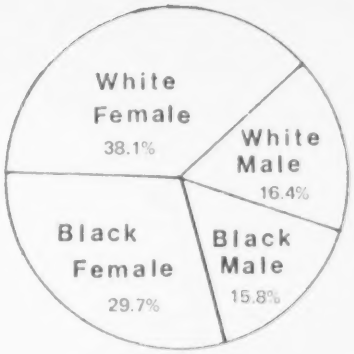
Fiscal Year 1984

PERCENT ENROLLMENT

PERCENT PAYMENTS

RACE/SEX





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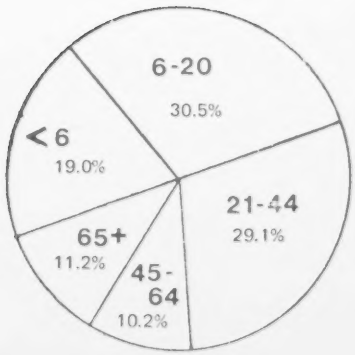
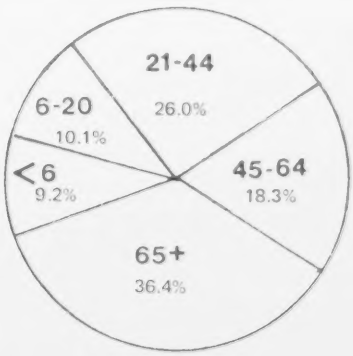
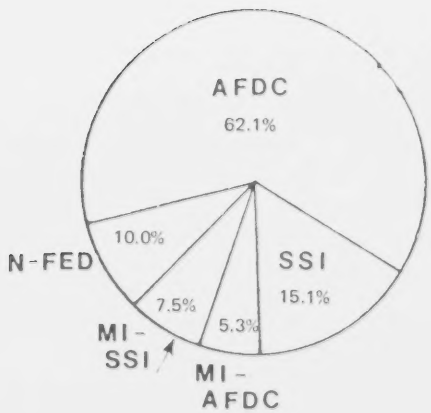
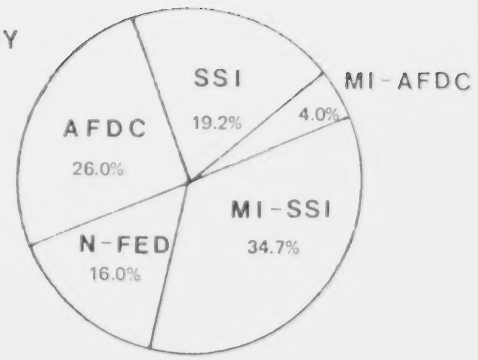




ELIGIBILITY CATEGORY





were $593,149,705. Figure 3 shows Program payments made in fiscal year 1984 by major service category. Over three-fourths of Program spending was for services provided by institutions. Payments to hospitals for inpatient and outpatient care represented 46.0% of Program spending, and care provided in nursing facilities accounted for 31.0%.

Due to data processing limitations, all data for Program expenditures cannot be merged into one computer file. Therefore, the figures in the tables at the end of this report with the exception of Table 33, do not include data on the following services: premiums for buy-in of Medicare-Part B ($6,703,712); capitation payments for health maintenance organizations ($11,281,549); payments for general transportation services ($2,611,030); and payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program ($406,253). The other tables in this report detail the remaining $572,016,964 spent in fiscal year 1984 for services provided to Program recipents.

Figure 4 compares enrollees and payments by various characteristics. Females made up 63.0% of enrollment and accounted for 67.8% of expenditures. Although white enrollees represented 36.7% of the eligibles, they accounted for 54.5% of total payments in fiscal year 1984. Comparisons by age show that those under 21 years of age accounted for 49.5% of enrollees but only 19.3% of Program payments. Enrollees 65 years or older represented only 11.2% of the total eligibles, but accounted for 36.4% of total payments. Analysis by eligibility category shows that AFDC recipients represented 62.1% of all enrollees but accounted for just 26.0% of Program payments. The Medically Indigent aged, blind and disabled eligibles (MI-SSI) accounted for only 15.1% of enrollment but 34.7% of Program payments.

SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse midwife services; laboratory and X-ray services; skilled nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; and rural health clinic services. The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate nursing care; dental care; vision services; podiatry services; clinic services; pharmacy services; medical supplies and equipment; health maintenance organization services; medical day care; personal care; and other

treatment services. A more detailed description of these services follows, along with a discussion of recent changes in the provision of services.

HOSPITAL SERVICES

Fiscal year 1984 was the seventh year of the "Medicare Experiment" under which the Maryland Medical Assistance Program, Medicare and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debts based on Medicaid inpatient utilization. The Program participates in the experiment by means of a waiver granted the Health Care Financing Administration (HCFA). The present status of the waiver is that it will automatically be renewed as long as the State meets certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system.

A regulatory change impacting on the Hospital Services Program, implemented April 1, limited the Program payment for inpatient services to twenty days per admission, instead of twenty days per spell of illness.

During fiscal year 1984, the Program continued to rely on out-of-state rehabilitation hospitals because similar services were not available in Maryland. Placements in these facilities were mainly from the Emergency Medical Services System's Shock Trauma Unit. During fiscal year 1984, the Program paid $727,000 to Woodrow Wilson Rehabilitation Center, Reading Rehabilitation Hospital, Bryn Mawr Rehabilitation Hospital, Lake Erie Institute of Rehabilitation and Elizabethtown Hospital for Children and Youth.

Late in the fiscal year, the pediatric trauma and neonatal units at Children's Hospital National Medical Center, Washington, D.C. were added to the list of facilities exempted from the twenty day payment limit.

Two psychiatric day hospitalization programs were added to the three already participating. They now include Johns Hopkins Hospital; Francis Scott Key Medical Center; Montgomery General Hospital; Washington Adventist Hospital; and North Charles General Hospital.

During fiscal year 1984, payments were made for approximately 530,000 days of inpatient care at a cost to the Program of $218.7 million. The average cost per day of

$412.76 was 10.6% higher than the fiscal year 1983 average of $373.22. (See Tables 18 and 25 for detailed information). The Program paid $60.6 million for approximately 680,000 hospital outpatient visits in fiscal year 1984. The average payment of $84.20 per outpatient visit was 8% higher than the fiscal year 1983 average of $78.07 per visit. (See Tables 20 and 27 for detailed information.)

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in hospital-based and free-standing nursing facilities. The reimbursement rates for care provided in each of the six hospital-based facilities are determined by the Health Services Cost Review Commission, while rates for free-standing facilities are set by the Program using a system implemented in fiscal year 1983.

Under the new reimbursement methodology for free-standing nursing facilities, separate reimbursement ceilings are set for four cost centers based on the size and geographic location of each nursing facility. These cost centers are: administrative/routine services; direct nursing services; other patient care; and capital facility investment. Payment for nursing care is based on the level of care required by each patient.

The Program paid $187.9 million for 5 million days of nursing facility care in fiscal year 1984 compared to $161.7 million for 4.9 million days of care in fiscal year 1983. The average cost per patient day in fiscal year 1984 was $37.13, 13% higher than the fiscal year 1983 average of $32.89. Payments from patients' own resources in fiscal year 1984 accounted for an average of $10.46 per day, about the same as the average of $10.73 in fiscal year 1983 (See Tables 19 and 26 for detailed information).

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services provided in the hospital.

During fiscal year 1984, the professional component of hospital services was removed from the rates of most hospitals. This action forced most hospital-based physicians to become individual providers with the Program. For this reason, fiscal year 1984 shows a greater than average increase in the number of physicians enrolled in the

Program. This change is also reflected in an increase in total payments made to physicians.

Since January 1983, the Program has reimbursed independently practicing certified nurse-midwives who provide care for uncomplicated pregnancies and who have agreements with physicians to assume care in cases that develop complications. As of June 30, 1984, five nurse-midwives were approved to participate as Medicaid providers.

Six types of free-standing clinics are covered under the physician program: abortion, drug abuse, family planning, mental health, refugee, and rural health. During fiscal year 1984, there were 2 abortion, 15 drug abuse, 6 family planning, 49 mental health, 1 refugee, and 3 rural health clinics enrolled and paid as Medicaid providers. A seventh clinic type, children and youth, is covered under the hospital program.

In fiscal year 1984, the Program paid a total of $45.5 million for services reimbursed under the physicians program, 8% greater than fiscal year 1983 payments. The Program spent $23.4 million for 771,000 home, office, and nursing home visits in fiscal year 1984 compared to $21.2 million for approximately 800,000 visits in fiscal year 1983. The cost per visit, including ancillary services and Medicare deductible and coinsurance, increased by 15% from $23.84 in fiscal year 1983 to $27.45 in fiscal year 1984. Payments to clinics in fiscal year 1984 totaled almost $3.5 million. Payments for physician services provided in the hospitals increased by 5.8%, from $20.9 million in fiscal year 1983 to $22.2 million in fiscal year 1984. (See Tables 21 and 22 for detailed information.)

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, insulin syringes and needles, and family planning products when prescribed by a physician, dentist, or podiatrist. Recipients who qualify for Medicaid through a state-only eligibility category are responsible for a copayment of $.50 for each prescription filled except for drugs or devices which are related to early and periodic screening, diagnosis and treatment (EPSDT) or family planning. Copayments are not required from recipients in federal eligibility categories.

To encourage the use of approved generic drug products, pharmacies and physicians are provided with a formulary of therapeutically equivalent drug products. The Program also maintains a list of drugs with maximum allowable cost (MAC) limits. This list, which contained forty-four price-controlled drugs in fiscal year 1984, is continually updated to reflect deletions and additions made by of the Health Care

Financing Administration. A list of less than effective drugs whose costs will not be reimbursed by the Program is circulated among pharmacy providers.

The Medical Assistance Program paid $37.9 million for 2.9 million prescriptions in fiscal year 1984, an average of $13.07 per prescription. This was an increase of 13% over the $11.55 average cost per prescription in fiscal year 1983. (See Tables 23 and 29 for detailed information.)

HEALTH MAINTENANCE ORGANIZATION SERVICES

Health Maintenance Organizations (HMOs) provide comprehensive medical and professional care and treatment services to enrolled Medicaid eligibles for a fixed, prepaid monthly capitation fee. The HMO concept emphasizes preventive medical services and continuity of care rather than episodic care.

During fiscal year 1984, the Program improved computer eligibility verification techniques, assisted individual plans in marketing and outreach programs, attempted to expand the HMO enrollment base by encouraging new contracts and satellite clinics and updated routine operational and support procedures.

The Program contracted with five HMOs to provide medical care and services at a total cost of $11.2 million. This figure represents an average monthly cost of $63.97 per enrollee for the 14,575 Medicaid eligibles enrolled in these plans.

DENTAL SERVICES

Comprehensive dental services are covered for all Medical Assistance recipients under twenty-one years of age. Recipients who are twenty-one years of age or older are eligible to receive services for the treatment of dental emergencies (pain, infection, hemorrhage, traumatic injury) and other specified services. Certain dental procedures require preauthorization.

For fiscal year 1984, the dental program spent $5.3 million to provide services to nearly 87,700 Medical Assistance recipients (See Tables 30 and 34 for detailed information).

HOME AND COMMUNITY HEALTH SERVICES

Home and community health services are rendered by home health agencies, medical day care providers and personal care providers.

Reimburseable services provided by home health agencies include skilled nursing care, physical therapy services, occupational therapy services, speech pathology services, medical social services, and home health aide services. Recipients of home health services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part time intermittent basis. Eight new agencies began participating in the Program in fiscal year 1984, bringing the total number of participating agencies to sixty-one.

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's Utilization Control Agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed day care centers where nursing and social work services, personal care, nutrition services, habilitation therapy, and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1984, seventeen medical day care providers operated a total of twenty-three centers located in Baltimore City and six counties.

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

In fiscal year 1984, the Medical Assistance Program in conjunction with the Mental Retardation and Developmental Disabilities Administration implemented a deinstitutionalization program for eligible mentally retarded individuals. This endeavor was made possible by a waiver of federal regulations which allows the Medical Assistance Program to use federal funds to purchase community-based services in lieu of institutional services for those eligible persons whose needs could be served in a community setting.

During fiscal year 1984, 48 former State Residential Center patients were placed in communities throughout the state. Over 700 recipients are expected to be placed by the third year of this program.

Total payments to home and community health services providers were $7.0 million in fiscal year 1984. Home health agencies were paid $2.5 million for services provided to approximately 3,900 persons, an average of $650 per recipient. Medical day care providers were reimbursed a total of $1.8 million for rendering approximately 58,600 days of care to about 500 recipients. The Program paid an average of $30.28 per day and an average of $3,405 per recipient. Total payments for personal care services in fiscal year 1984 were $2.7 million for approximately 237,000 services provided to an average of 978 recipients. This represents an average of $2,722 per recipient for the year (based on approximately 230 days of personal care services, or 19.2 days per month, plus 12 months of case management services).

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program covers comprehensive health care services which are designed to detect physical and mental health problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. Screening services, which are provided by twenty-two Local Health Departments, five Health Maintenance Organizations, five Children and Youth Clinics, and other approved providers may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other screening procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

To increase the availability of EPSDT services throughout the State, the Program continued to recruit physicians in the private sector. During fiscal year 1984, approximately 241 offices and clinics, representing approximately 216 physicians, participated as private EPSDT providers.

The Program contracts with a private health management corporation to inform eligible families throughout the state of the value of preventive health services and encourage their participation in the EPSDT program. Outreach activities are conducted in each Local Department of Social Services office or during home visits. The contractor

is responsible for support services, case management activities, and invoice processing and reporting. Departmental staff are responsible for recruiting and training EPSDT providers and monitoring the quality of care they render.

The Program paid for a total of 56,946 screenings in fiscal year 1984. Local Health Departments were reimbursed $406,253 for 13,142 screenings (See Table 33). Health Maintenance Organizations performed 3,488 screenings at a cost of $113,901. The five Children and Youth Clinics in Baltimore City, which provided 17,968 screenings, were reimbursed $539,040. The remaining screenings were provided by physicians and other private providers. Total EPSDT payments were $1.9 million.

Effective January 1, 1983, regulations for hearing aid services were incorporated into the EPSDT regulations. Hearing-aid related services are available to children who have been identified through an EPSDT screen as having a suspected or definite hearing problem. Covered services include audiological evaluations, auditory brainstem response testing, hearing aid evaluations, hearing aids, and certain accessories. Providers must obtain preauthorization for some of the hearing aid services.

Coverage for orthodontic services is available to Medical Assistance recipients with handicapping malocclusions who are under 21 years of age and who are participating in the Early and Periodic Screening, Diagnosis and Treatment Program. All orthodontic services are subject to preauthorization.

SPECIAL SERVICES

Disposable Medical Supplies and Durable Medical Equipment - The Program pays for the purchase of certain disposable medical supplies and the rental, purchase or repair of durable medical equipment. Preauthorization must be obtained for disposable medical supplies or durable medical equipment costing more than $60 or renting for more than $15 per month.

Medical Laboratory Services - The Program reimburses independent laboratories for procedures ordered by a physician, podiatrist or dentist. Laboratory services rendered by physicians in their own offices for their own patients are reimbursed through the physicians program.

Oxygen and Related Respiratory Equipment - The Program pays for liquid and gaseous oxygen systems, oxygen concentrators, and related respiratory equipment in a patient's home or a nursing home. All of these items must be preauthorized.

Physical Therapy Services - The Program covers medically necessary physical therapy services ordered by a physician, podiatrist or dentist when provided in the recipient's home, therapist's office, or domiciliary care facility.

Podiatry Services - The Program covers medically necessary services rendered in the recipient's home, the podiatrist's office, a nursing home, a hospital, or free standing clinic. Routine foot care is only covered for recipients who are diabetic or who have peripheral vascular disease. Specific surgical procedures are subject to post-operative review.

Transportation Services - There are two categories of transportation services available to enrollees. The Ambulance and Wheelchair Van program covers non-emergency trips to and from hospitals by ambulance and wheelchair van. Some services, such as transportation for hospital outpatient visits and one way trips exceeding 20 miles, must be preauthorized.

The General Transportation Program pays providers for the actual cost of transporting Medical Assistance recipients to and from health appointments by taxis, buses and mini-vans. Providers include local health departments, hospitals, and community groups.

Vision Care Services - Examinations and eyeglass services rendered by optometrists and opticians are covered for recipients of all ages. Ophthalmologists are reimbursed through the physician program. Other diagnostic and treatment services also are available. Providers must obtain preauthorization for vision care services not covered under the Medicare program.

(For detailed information regarding each of the special services described above see Tables 24 and 32.)

OTHER SERVICES

Community Placement Program - The community placement program (CPP) is a systematic approach to meeting the long-term health care needs of Medical Assistance enrollees. CPP services are provided to recipients who live in the community, have long-term care needs and are at risk of institutionalization, or who are candidates for discharge from nursing homes but require health services to return to the community. CPP services include a needs evaluation, the development of a plan of care, placement and follow-up.

During FY 1984 Baltimore City and the following counties received CPP grants: Baltimore, Dorchester, Caroline and Queen Anne's.

Geriatric Evaluation Services - The geriatric evaluation services (GES) program provides a multi-disciplinary assessment of the needs and resources of elderly persons considered for admission to a mental hospital or other long-term care facility. GES is managed by the Office of Services to the Aging, under the Department of Health and Mental Hygiene's Preventive Medicine Administration and is provided through the state's local health departments. Under the program, health and social assessments of aged persons at risk of institutionalization are performed and assistance is provided to patients, physicians, and other care-givers to implement treatment recommendations.

Currently GES is available in every local health department in the state. During fiscal year 1984, a total of 6,003 evaluations and consultations were made by GES teams. Of that total number of evaluations, 1,315 (21.9%) were for Medical Assistance eligibles.

PROGRAM CONTROLS

MEDICAID QUALITY CONTROL

Recently the Federal government has placed increased emphasis on the ability of States to maintain an eligibility payment error rate of 3% or less. Through the Tax Equity and Fiscal Responsibility Act (TEFRA) the Federal government has mandated that for any State whose eligibility payment error rate exceeds 3%, fiscal sanctions will be applied.

In an effort to achieve and maintain this national target Maryland has directed its attention to implementing corrective action which will alleviate the cause of errors within the eligibility determination process thereby lowering the payment error rate. The Division of Medicaid Quality Control (MQC) is responsible for: 1) monitoring the review of eligibility determinations, 2) analyzing MQC review findings, 3) conducting special studies on particular eligibility problems, 4) assisting in the planning of corrective actions, 5) monitoring their implementation and 6) evaluating their success.

RECOVERIES

The Maryland Medical Assistance Program recovers money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile and personal injury settlements), workmen's compensation, estates, paternity/child support, provider refunds, and recipient fraud. Additional sources of recoveries are medical malpractice, lead paint poisoning liability, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service.

During fiscal year 1984, collections were $8.4 million. An additional savings of $37 million resulted from cost-avoidance activities.

PREAUTHORIZATION

As a utilization control measure, many services require preauthorization by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization Control Agent. Also, certain cosmetic surgery and certain treatment for obesity, many dental procedures, and examinations and eyeglasses under the vision care program must be preauthorized. Durable medical equipment costing more than $40, prescription drugs costing over $60, oxygen equipment, hearing aids and certain podiatry procedures must be preauthorized.

FRAUD INVESTIGATIONS

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local departments of social services, police, and citizens. Detection of possible fraud also results from internal reviews.

Listed below are details concerning the status and number of fraud investigations in fiscal year 1984.

Completed investigations	383
Referrals to the State's Attorneys	125
Successful prosecutions	45
Cases pending with the State's Attorneys Offices	62
Cases pending at end of FY 1984	298
Recoveries	$204,637

The Maryland Medical Assistance Program also provides liaison support in supplying invoices and other data to the Medicaid Fraud Control Unit in the Office of the Attorney General, which has responsibility for the investigation of alleged provider fraud.

ABUSE INVESTIGATIONS

The Medical Assistance Program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the Utilization Control Agent's admission and length of stay approval. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnoses. In fiscal year 1984, as a result of the review process, hospital payments totaling $1,259,611 were denied and $45,151 were refunded to the Program.

Provider-specific review is conducted on an ongoing basis. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and referred to the provider's peer review group or to the Commission on Medical Discipline. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution.

Explanations of Medical Benefits (EOMB) are sent monthly to approximately 800 recipients to verify that the services paid for by the Program have been received. The EOMB lists the services paid for the recipient in the preceding month and requests confirmation that the services were received. If the recipient denies receiving the service, the provider is questioned concerning the service. Undocumented services are not acceptable and payment is recovered.

The Program also investigates cases of possible abuse by Medicaid recipients. Recipient abuse may result when a recipient uses an inappropriate type of provider for care, uses an appropriate provider in an inappropriate manner or at inappropriate frequencies, or uses emergency rooms or outpatient clinics for primary care.

During fiscal year 1983, a program designed to address cases of suspected recipent abuse was instituted. On May 1, 1984, emergency regulations were enacted and subsequently amended to facilitate and refine the program's operation. The proposed regulations are due to become effective in August, 1984.

Computer-generated reports are used to identify recipients with payment histories suggesting abuse. These recipients are interviewed and counseled. If abuse continues, each recipient is restricted to the use of one primary provider for a six-month period. Continued abuse will result in an additional one year restriction.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Assistance Program has installed a complex computer-based Medicaid Management Information System (MMIS). This sophisticated, highly integrated claims processing system has the capability to reduce erroneous and duplicate payment of bills, provide efficient and accurate processing of invoices, assist the Program in its fraud and abuse activities, reduce possible waste in the Program, and produce utilization and management review reports.

A number of other improvements were completed during fiscal year 1984. A new on-line Physician Referral System helps recipients locate Medicaid providers. An Eligibility Verification System, to be implemented early in fiscal year 1985, will allow providers to obtain confirmation of recipient eligibility before rendering service. This system is projected to save as much as four million dollars per year.

COST CONTAINMENT

In response to a projected $32 million deficit for fiscal years 1984 and 1985, the Program worked to develop and implement cost containment measures. The aim was to find ways of generating the required savings while minimizing the impact on access to care for the state's low income and disadvantaged citizens.

In April 1984, two major modifications were made in the inpatient program. Coverage for hospital services, previously restricted to 20 days per spell of illness, was limited to 20 days per admission, with certain exceptions for designated regional referral centers. In addition, utilization review was intensified, to reduce inappropriate admissions and unnecessarily long stays.

Beginning in January 1984, the focussed case management program was expanded and refined. This program identifies, counsels and, in some instances, supervises recipients who use health services inappropriately.

These measures, in addition to an accounting adjustment in the nursing home program, were expected to save the Program about $9 million in fiscal year 1984.

The major components of the Program's cost containment initiative were expected to be accomplished during fiscal year 1985. The Program planned to eliminate the uniform 20 day limit on hospital admissions and replace it with a series of limits based on diagnosis related groups (DRGs). These limits would vary according to expected need of care, determined according to diagnosis at the time of admission and other factors. Also, at the beginnng of fiscal year 1985, the Program reduced certain nursing home rates, allowances, and ceilings to 1983 levels. The two measures were projected to save $14.5 million in fiscal year 1985.

Other measures, which may offer longer-term savings, are under study. One of these involves a pilot program to investigate possible federally-funded eligibility for certain recipients presently funded entirely by the state. In order to help reduce recipients' reliance on hospital outpatient services, a new Primary Care Development Unit has been established to work with physicians, community health centers, and others, to encourage wider participation in the Medical Assistance Program. Finally, the Program has joined in a national initiative to assist in the development of prepaid managed health care systems. Under these programs, providers are given incentives to ensure that enrolled recipients use services in the most efficient way.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees eligible to receive services, the utilization of services and the cost per service. The relative contribution of these variables to total Program expenditures has fluctuated over time. The following tables show where changes have occurred in total expenditures, unit cost for services and use of services over a five year period.

Displayed on Table A is the average yearly enrollment for the past five fiscal years, 1980 through 1984. In fiscal year 1984, enrollment was down 2.7%, the lowest average enrollment since before 1980.

Total Program payments by major service category for the five year period are shown on Table B. Unlike other totals shown in this publication, these figures do not include Medicare payments for deductibles and coinsurance and do not reflect credits and collections received. These figures more clearly reflect unadjusted costs to the Medicaid Program for purposes of comparison.

In fiscal year 1984, total Program expenditures increased by 10.6%, somewhat less than the 15.2% increase in fiscal year 1983. In terms of dollars, two thirds of this increase was due to higher payments for institutional care. Of the $57M increase over last fiscal year, about $26M was for nursing facility care and $10M was for acute hospital care. For the fourth year in a row the annual payments for acute general hospital services have increased at a slower rate than total payments, while nursing facility payments increased at a higher rate.

As a percentage increase, payments made for both inpatient and outpatient hospital services showed less increase than in fiscal year 1983. Increases were about 7% compared to 10% and 15% in fiscal 1983. Payments for physicians care increased about 5% for in-hospital care and 12% for office-based care.

After increasing steadily at over 20% per year for the past few years, payments for pharmacy services were up about 14%, slightly less of an increase. Pharmacy services are one of the fastest growing segments of the Program due primarily to increases in wholesale cost rather than increased utilization among recipients.

Payments for dental services dropped almost 9% in fiscal year 1984. This continued a three-year to decline in payments for dental services.

With regard to unit cost for services, Table C shows trends over the past five fiscal years. The cost per day in an acute general hospital bed was up almost 10% over fiscal 1983, less of an increase than in the past two years. Likewise the increase in cost for an outpatient hospital visit was 8%, less of an increase than in past years. Inpatient services billed by physicians were up almost 22% and the cost per office visit was up almost 17%. The cost per pharmacy invoice has continued to go up rapidly, about 13% in fiscal year 1984. The only decrease in cost per service was the 6% drop in dental services.

To measure changes in utilization of certain services the number of services used per enrolled individual has been calculated. As Table D shows average use has remained fairly constant, though certain trends are noteworthy.

With regard to hospital inpatient days there was a significant drop in fiscal year 1981 and 1982 as a result of the institution of cost containment measures. Since 1982 the rate has remained nearly constant due to continued monitoring of hospital use.

Nursing facility days have continued to increase at a steady rate since fiscal year 1980. Part of this trend is due to slight decreases in overall enrollment and increasing numbers of enrollees using nursing facility care.

Physician care on a per visit basis increased slightly following the institution of the variable fee schedule for fiscal year 1980. After a slight decrease in average use during fiscal year 1981, use increased significantly in fiscal years 1982 and 1983. In contrast to past trends, physician visits per enrollee have been increasing at a faster rate than hospital outpatient/ER visits.

Table A

AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1980-1984

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1980	347,820	
1981	363,943	+4.6%
1982	354,309	-2.6%
1983	351,109	-0.9%
1984	341,622	-2.7%
Average Annual Percent Change		-0.4%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1980-1984

Type of Service[1]	FISCAL YEAR 1980	1981	1982	1983	1984
Acute General Hospital Inpatient	159,477,090	166,786,741 (+4.6%)	166,023,750 (-0.4%)	183,115,004 (+10.3%)	193,152,299 (+5.5%)
Nursing Facility	103,213,195	125,075,043 (+21.2%)	139,896,935 (+11.8%)	161,764,484 (+15.6%)	187,884,075 (+16.1%)
Hospital Outpatient	36,006,676	41,467,260 (+15.2%)	46,440,190 (+12.0%)	53,496,354 (+15.2%)	57,452,530 (+7.4%)
Physician In-Hospital	11,885,283	14,107,287 (+18.7%)	15,034,272 (+6.6%)	17,601,299 (+17.1%)	18,454,247 (+4.8%)
Physician Home, Nursing Facility and Office	8,918,761	11,606,122 (+30.1%)	14,345,873 (+23.6%)	16,970,432 (+18.3%)	19,053,276 (+12.3%)
Pharmacy	18,119,414	21,791,973 (+20.3%)	26,408,324 (+21.2%)	33,153,476 (+25.5%)	37,869,459 (+14.2%)
Dental	6,622,081	6,811,754 (+2.9%)	5,909,092 (-13.2%)	5,854,505 (-0.9%)	5,330,982 (-8.9%)
Other[2]	46,415,637	49,908,291 (+7.5%)	53,137,294 (+6.5%)	66,432,896 (+24.8%)	76,144,520 (+14.6%)
TOTAL	390,658,137	437,554,471 (+12.0%)	467,195,730 (+6.8%)	538,388,450 (+15.2%)	595,341,388 (+10.6%)

1 Totals shown for some service types do not include payments for Medicare coinsurance and deductibles nor do they reflect credits and collections. These figures will not match net totals shown in other tables.

2 Includes payments to special hospitals; payments for clinic, home and community health, and special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services.

Table C

COST PER UNIT OF SERVICE
Fiscal Years 1980-1984

Type of Service	FISCAL YEAR 1980	1981	1982	1983	1984
Acute General Hospital Inpatient (Day)	$272.22	$295.83 (8.5%)	$344.73 (16.7%)	$397.27 (15.2%)	436.32 (9.8%)
Nursing Facility (Day)	24.33	27.67 (+13.7%)	29.72 (+7.4%)	32.89 (+10.7%)	37.13 (+12.9%)
Hospital Outpatient and ER (Visit)	51.50	59.39 (+15.3%)	68.06 (+14.6%)	78.07 (+14.7%)	84.20 (+7.9%)
Physician In-Hospital, (Service)	14.76	16.15 (+9.4%)	16.89 (+4.6%)	19.14 (+13.4%)	23.27 (21.6%)
Physician Home, Nursing Facility and Office (Visit)	12.67	17.16 (+35.4%)	19.12 (+11.4%)	21.17 (+10.7%)	24.72 (16.8%)
Pharmacy (Invoice)	7.42	8.45 (+13.9%)	9.63 (+14.0%)	11.55 (+19.9%)	13.07 (+13.2%)
Dental (Service)	10.58	10.57 (-9.4%)	9.86 (-6.7%)	11.07 (+12.3%)	10.40 (-6.1%)

Table D

AVERAGE NUMBER OF SELECTED SERVICES PER MEDICAID ENROLLEE
Fiscal Years 1980-1984

Type of Service	FISCAL YEAR 1980	1981	1982	1983	1984
Acute General Hospital Inpatient (Day)	1.68	1.55 (-7.7%)	1.36 (-12.3%)	1.31 (-3.7%)	1.30 (-0.8%)
Nursing Facility (Day)	12.22	12.44 (+1.8%)	13.30 (+6.9%)	14.01 (+5.3%)	14.81 (+5.7%)
Hospital Outpatient and ER (Visit)	2.01	1.92 (-4.5%)	1.93 (0.5%)	1.95 (+1.0%)	2.00 (+2.6%)
Physician In-Hospital (Service)	2.32	2.40 (+3.4%)	2.51 (+4.6%)	2.62 (+4.4%)	2.59 (-1.3%)
Physician Home Nursing Facility, and Office (Visit)	2.02	1.86 (-7.9%)	2.12 (+14.0%)	2.28 (+7.5%)	2.26 (-0.8%)
Pharmacy (Invoice)	7.02	7.08 (+0.8%)	7.74 (+9.3%)	8.18 (+5.7%)	8.48 (+3.7%)
Dental (Service)	1.80	1.77 (-1.7%)	1.69 (-4.5%)	1.51 (-10.6%)	1.50 (-0.6%)

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Pharmacy Assistance Program was established to assist low income individuals, who are above Medical Assistance income limits, with the purchase of certain prescribed drugs. Under the program each recipient must pay $1.00 for each prescription and each refill and the State pays the remainder.

Eligibility for participation in the Pharmacy Assistance Program is based on the financial resources available to the family unit. As a result of the passage of a 1982 Amendment to the original legislation, income schedules are increased annually by the larger of either any Social Security cost of living increase (not to exceed 8%) or the dollar amount by which Medical Assistance income schedules are increased. The following chart shows the standards effective during fiscal year 1984.

FAMILY SIZE	GROSS INCOME STANDARDS 7/83-12/83	1/84-6/84	RESOURCE STANDARDS
1	4,950	5,100	2,500
2	5,500	5,700	2,600
3	6,000	6,200	2,700
4	6,550	6,800	2,800
5	7,100	7,350	2,900
Each Additional Person	+550	+550	+100

In fiscal year 1984, there was an average enrollment of 11,370 per month. The Program paid $3,494,592 for 234,845 prescriptions, an average of $14.88 per prescription. The average cost per prescription in fiscal year 1984 was about 14% higher than in the past fiscal year. Additional information on payments and recipients during the past five years is included in Table 35, the Summary of Selected Pharmacy Assistance Program Data.

TABLES

The following tables, prepared by the Maryland Center for Health Statistics, give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 through 17 describe Program payments, enrollees, recipients and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 through 33 provide detailed information about specific services. Table 34 provides a summary of selected Medicaid Program data over a five year period, and Table 35 shows summary data on the Pharmacy Assistance Program.

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all of the health care services they receive. Tables 1 through 17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 1. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1984

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]														
	All Categories	Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1[2]	SA
Total State	341,622	18,123	383	32,994	86	212,265	15,757	13	4,119	4,825	13,126	5,737	23,037	10,486	671
Baltimore City	182,322	7,869	275	15,399	45	123,168	4,498	4	1,458	2,333	4,662	1,837	16,349	4,185	240
Total Counties	159,300	10,254	108	17,595	41	89,097	11,259	9	2,661	2,492	8,464	3,900	6,688	6,301	431
Allegany	8,352	342	13	857	2	4,252	589	*	140	42	877	436	162	632	8
Anne Arundel	15,416	734	4	1,849	1	9,186	873	1	242	284	737	348	664	473	20
Baltimore	22,978	1,193	3	2,754	8	12,744	2,348	1	446	364	772	460	1,189	649	47
Calvert	2,602	145	2	284	1	1,432	143	1	42	48	200	73	87	132	12
Caroline	1,832	232	0	272	1	921	149	0	26	23	70	30	38	56	14
Carroll	2,882	239	4	377	0	1,294	317	0	70	76	169	73	109	134	20
Cecil	4,374	163	1	357	*	2,588	199	0	53	74	418	173	104	244	0
Charles	5,330	266	4	484	2	2,907	194	1	70	93	584	156	146	408	15
Dorchester	3,216	449	3	356	0	1,708	212	0	31	54	126	49	90	119	19
Frederick	4,197	286	1	536	0	2,069	386	0	102	95	252	99	147	190	34
Garrett	2,514	159	2	317	3	1,150	168	0	39	18	306	137	50	157	8
Harford	6,684	306	5	711	0	4,011	544	2	89	80	397	233	238	250	18
Howard	2,542	175	2	325	0	902	256	0	82	78	302	175	62	176	7
Kent	1,114	142	3	112	0	538	105	0	23	8	64	25	24	64	6
Montgomery	18,039	1,794	22	1,880	6	8,664	1,706	1	348	316	552	247	1,966	491	46
Prince George's	34,002	1,448	16	3,364	10	22,737	1,399	0	454	536	1,260	595	1,053	1,048	82
Queen Anne's	1,688	159	1	156	0	924	145	*	39	27	73	29	60	75	0
St. Mary's	3,368	338	4	391	2	1,990	140	0	41	39	165	50	93	101	14
Somerset	2,259	340	2	263	0	1,015	192	0	31	18	158	70	40	114	16
Talbot	1,522	185	2	202	0	654	150	0	44	30	100	30	32	91	2
Washington	6,719	406	6	882	3	3,258	631	1	120	113	535	232	104	407	21
Wicomico	5,548	442	6	640	2	3,139	444	1	91	50	218	113	193	191	18
Worcester	2,122	311	2	226	0	1,014	169	0	38	26	129	67	37	99	4

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

* Less than 0.5.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1984

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	All Services[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$572,016,964	$218,699,876	$187,884,075	$60,666,405	$45,509,020	$37,869,459	$5,3[illegible],982	$6,973,754	$9,083,393
Federally Matched Categorically Indigent	258,750,755	122,448,587	27,828,421	42,125,792	28,613,128	22,478,730	4,070,064	5,445,888	5,740,145
OAA	36,005,699	6,905,184	18,568,321	1,105,584	2,166,361	4,405,836	37,024	2,156,311	661,078
PANB	674,276	195,720	191,463	59,520	49,251	77,417	2,867	84,980	13,058
APTD	73,283,111	36,933,813	9,012,594	8,334,501	6,010,806	8,074,342	225,044	2,860,598	1,831,413
EP	103,814	43,116	-	15,561	17,705	19,209	439	5,946	1,838
AFDC	148,683,855	78,370,754	56,043	32,610,626	20,369,005	9,901,926	3,804,690	338,053	3,232,758
Federally Matched Medically Indigent	221,518,009	37,537,520	159,459,528	4,841,521	6,933,176	9,298,294	715,464	881,830	1,850,676
MAO	162,911,511	5,317,102	146,234,234	568,770	2,402,736	6,841,688	24,470	448,452	1,074,059
MAB	103,265	8,922	82,224	2,086	2,933	4,543	101	1,652	804
MAD	24,385,022	7,958,143	13,098,428	582,761	807,216	1,302,969	16,052	335,202	284,251
MAFC	3,346,058	2,006,855	171	504,726	466,078	147,875	132,304	15,064	72,985
MAC	19,662,338	14,534,222	39,354	1,941,163	1,933,338	463,270	485,601	28,513	236,877
MAR	11,109,815	7,712,276	5,117	1,242,015	1,320,875	537,949	56,936	52,947	181,700
Non-Federally Matched	91,748,200	58,713,769	596,126	13,699,092	9,962,716	6,092,435	545,454	646,036	1,492,572
GPA	47,696,320	27,820,132	39,310	8,877,075	5,295,198	4,041,941	288,780	366,825	967,059
STND I	43,779,246	30,767,112	556,816	4,765,158	4,620,976	2,029,949	241,494	279,211	518,529
SA	272,634	126,525	-	56,859	46,542	20,545	15,180	-	6,984

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or general transportation services.

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TABLE 3. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1984

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]															
		Federally Matched Categorically Indigent						Federally Matched Medically Indigent					Non Federally Matched			
	All Categories	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$572,016,964	$36,005,701	$674,275	$73,283,111	$103,814	$148,683,855	$162,911,511	$103,265	$24,385,022	$3,346,057	$19,662,338	$11,109,815	$47,696,320	$43,779,246	$272,634
Baltimore City	267,246,665	16,461,895	421,940	40,710,602	67,287	89,783,605	49,163,460	17,528	9,138,015	1,301,317	6,889,266	3,121,497	33,726,009	16,363,976	80,265
Total Counties	305,395,417	19,543,806	252,335	32,572,509	36,527	59,405,231	113,825,171	85,737	15,247,007	2,044,740	12,773,072	7,988,318	13,970,311	27,458,287	192,366
Allegany	14,979,734	842,028	40,466	1,686,194	70	2,925,260	6,376,403	61	698,637	24,846	679,783	406,464	358,314	940,144	1,124
Anne Arundel	28,929,660	1,101,892	2,150	3,793,984	450	6,659,177	8,494,499	16,335	1,953,512	151,165	1,389,110	872,790	1,545,325	2,930,092	19,179
Baltimore	54,488,282	2,559,494	15,409	4,913,160	6,927	8,592,178	26,392,566	409	2,833,646	266,139	1,398,426	1,258,040	2,318,134	3,896,719	37,035
Calvert	4,563,954	292,964	3,411	544,346	-	1,054,842	1,196,750	9,852	244,070	25,667	245,497	198,201	288,414	454,016	5,924
Caroline	3,382,452	386,240	-	319,029	2,296	527,464	1,478,319	-	129,022	5,638	129,788	81,491	101,225	218,960	2,980
Carroll	7,155,486	575,522	26,037	570,024	-	825,570	3,291,330	-	413,810	55,333	349,069	118,686	334,914	590,141	5,050
Cecil	6,265,328	413,667	37	532,145	-	1,584,468	1,868,400	164	213,959	52,211	560,715	235,561	213,245	590,756	-
Charles	8,121,731	602,428	26,752	861,864	5,385	2,021,671	1,447,056	11,365	423,786	71,405	831,035	243,647	418,974	1,149,747	4,616
Dorchester	5,616,371	633,629	11,450	711,467	-	1,002,643	2,184,021	-	158,807	33,108	138,236	104,432	231,334	398,922	8,322
Frederick	9,075,980	813,436	485	896,080	-	1,431,531	3,626,948	-	449,527	97,924	473,855	149,522	334,318	783,912	18,442
Garrett	4,637,269	345,130	369	659,898	2,824	693,803	1,799,127	-	192,042	12,879	240,502	189,174	105,717	395,198	606
Harford	11,824,930	786,530	5,677	1,424,662	-	2,602,904	3,672,925	13,044	526,279	93,915	742,173	415,294	553,328	978,992	9,216
Howard	6,060,384	285,609	146	634,288	-	725,912	2,329,375	-	288,107	52,979	414,061	352,232	141,970	834,215	1,090
Kent	2,224,463	184,171	199	165,062	-	412,752	928,379	-	123,439	4,071	72,354	35,189	73,246	224,239	1,362
Montgomery	39,513,045	2,835,098	16,618	3,358,801	5,820	5,795,707	17,843,958	1,981	1,889,986	262,106	842,604	577,007	3,018,695	3,041,893	22,771
Prince George's	55,566,675	3,109,120	41,558	7,055,350	6,016	15,371,994	13,501,949	-	2,815,745	641,176	2,372,203	1,554,993	2,545,905	6,509,117	41,549
Queen Anne's	3,334,814	202,294	136	356,539	-	652,030	1,241,280	28,234	125,176	7,185	177,617	121,297	166,831	256,195	-
St. Mary's	9,901,162	736,213	4,233	632,492	4,912	1,206,082	1,435,220	-	181,729	16,590	304,220	122,095	306,917	549,441	2,706
Somerset	4,416,170	549,476	11,519	369,744	-	785,843	1,700,951	-	158,695	5,899	266,993	123,871	68,702	373,369	1,103
Talbot	2,815,940	107,785	1,781	281,040	-	430,944	1,257,718	-	236,894	20,459	97,617	47,299	83,931	250,236	236
Washington	12 687,193	806,230	25,697	1,083,192	1,241	1,667,572	6,271,577	448	628,951	52,954	559,522	299,376	288,447	996,362	5,624
Wicomico	10,122,496	809,603	18,104	1,405,915	586	1,991,609	3,727,699	3,844	395,560	16,680	331,745	337,254	346,951	734,255	2,691
Worcester	4,111,838	564,945	101	317,233	-	445,270	1,758,721	-	165,627	74,411	155,547	142,403	125,474	361,366	740
Recoveries	(625,118)	-	-	-	-	(504,981)	(77,120)	-	-	-	-	-	-	(43,017)	-

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

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TABLE 4. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND TYPE OF SERVICE: FISCAL YEAR 1984

RESIDENCE OF ENROLLEE	TYPE OF SERVICE								
	All Services[1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$572,016,964	$218,699,876	$187,884,075	$60,666,405	$45,509,020	$37,869,459	$5,330,982	$6,973,754	$9,083,393
Baltimore City	267,246,666	117,587,597	61,505,676	41,248,616	18,524,569	17,486,864	2,506,419	3,255,920	5,131,005
Total Counties	305,395,416	101,344,343	126,445,813	19,516,871	27,123,315	20,426,481	2,860,572	3,718,691	3,959,330
Allegany	14,979,794	4,049,114	6,842,729	1,042,624	1,246,510	1,110,335	161,876	386,132	140,474
Anne Arundel	28,929,660	11,572,560	9,592,961	1,764,387	2,860,321	1,950,591	304,600	397,120	487,120
Baltimore	54,488,282	15,246,424	27,666,501	3,228,126	3,510,230	3,344,805	367,766	383,079	741,351
Calvert	4,563,954	1,724,209	1,458,521	300,846	612,379	313,566	46,154	42,606	65,673
Caroline	3,382,452	781,203	1,725,038	172,801	310,303	289,450	29,240	32,057	42,360
Carroll	7,155,486	1,968,665	3,663,801	267,050	591,079	517,104	50,249	21,429	76,109
Cecil	6,265,328	2,190,534	2,154,634	523,746	636,421	554,119	107,731	35,405	62,738
Charles	8,121,731	3,582,644	2,111,080	631,213	974,455	584,751	105,136	31,876	100,576
Dorchester	5,616,371	1,650,515	2,369,000	355,536	559,751	449,308	71,261	86,651	74,349
Frederick	9,075,980	2,695,467	4,287,794	365,161	757,985	639,360	66,010	143,728	120,475
Garrett	4,637,269	1,324,092	2,149,002	296,724	354,133	364,987	46,680	54,233	47,418
Harford	11,824,930	4,140,702	4,176,518	834,148	1,243,984	933,855	174,844	175,036	145,843
Howard	6,060,384	2,227,549	2,395,610	272,365	588,570	376,305	38,690	70,820	90,475
Kent	2,224,463	670,961	991,895	123,342	202,085	193,805	14,804	5,583	21,988
Montgomery	39,513,045	11,221,780	19,163,655	2,145,690	3,387,109	2,373,221	351,497	396,356	473,737
Prince George's	55,566,675	24,359,614	16,207,440	4,845,910	5,497,644	3,059,267	502,767	338,975	755,058
Queen Anne's	3,334,814	1,157,977	1,330,018	188,159	316,251	259,055	24,956	27,680	30,718
St. Mary's	5,501,162	2,106,563	1,906,897	369,316	544,947	372,082	67,643	77,768	55,947
Somerset	4,416,170	1,283,537	1,913,877	240,074	381,424	343,589	27,796	170,154	55,719
Talbot	2,815,940	721,733	1,330,943	183,136	283,730	218,866	20,906	29,394	27,232
Washington	12,687,192	2,623,510	6,870,079	599,539	1,022,656	1,079,895	138,924	182,243	170,346
Wicomico	10,122,496	3,071,326	4,047,723	623,611	867,499	767,717	114,445	501,503	128,667
Worcester	4,111,838	973,664	2,090,098	143,367	373,849	330,448	26,597	128,858	44,957
Recoveries	(625,118)	(232,064)	(67,414)	(99,082)	(138,864)	(43,886)	(36,009)	(857)	(6,942)

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1984

		TYPE OF SERVICE							
ELIGIBILITY CATEGORY[1]	All Services[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$1,674	$640	$550	$178	$133	$111	$16	$20	$27
Federally Matched Categorically Indigent	981	464	105	160	108	85	15	21	22
OAA	1,987	381	1,025	61	120	243	2	119	36
PANB	1,761	511	500	155	129	202	7	222	34
APTD	2,221	1,119	273	253	182	245	7	87	56
EP	1,207	501	-	181	206	223	5	69	21
AFDC	700	369	-	154	96	47	18	2	15
Federally Matched Medically Indigent	5,083	861	3,659	111	159	213	16	20	42
MAO	10,339	337	9,281	36	152	434	2	28	68
MAB	7,943	686	6,325	160	226	349	8	127	62
MAD	5,920	1,932	3,180	141	136	316	4	81	69
MAFC	693	416	-	105	97	31	27	3	15
MAC	1,498	1,107	3	148	147	35	37	2	18
MAR	1,937	1,344	1	216	230	94	10	9	32
Non-Federally Matched	2,683	1,717	17	401	291	178	16	19	44
GPA	2,070	1,208	2	385	230	175	13	16	42
STND T	4,175	2,934	53	454	441	194	23	27	49
SA	406	189	-	85	69	31	23	-	10

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1984

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]														
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
	All Categories[2]	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$1,674	$1,987	$1,761	$2,221	$1,207	$700	$10,339	$7,943	$5,920	$693	$1,498	$1,937	$2,070	$4,175	$406
Baltimore City	1,466	2,092	1,534	2,644	1,495	729	10,930	4,382	6,268	558	1,478	1,699	2,063	3,910	334
Total Counties	1,917	1,906	2,336	1,851	891	667	10,110	9,526	5,730	821	1,509	2,048	1,194	4,358	446
Allegany	1,794	2,462	3,113	1,968	35	688	10,826	61	4,990	592	755	932	2,212	1,488	141
Anne Arundel	1,877	1,501	538	2,052	450	725	9,730	16,335	8,072	532	1,885	2,508	2,327	6,195	959
Baltimore	2,371	2,145	5,136	1,784	866	674	11,240	409	637	731	1,811	2,735	1,950	6,004	788
Calvert	1,754	2,020	1,706	1,917	-	737	8,369	9,852	5,811	535	1,227	2,715	3,315	3,440	494
Caroline	1,846	1,665	-	1,173	2,296	573	9,922	-	4,962	245	1,854	2,716	2,664	3,910	213
Carroll	2,483	2,408	6,509	1,512	-	638	10,383	-	5,912	728	2,065	1,626	3,073	4,404	253
Cecil	1,432	2,538	37	1,491	-	612	9,389	164	4,037	706	1,341	1,362	2,050	2,421	-
Charles	1,524	2,265	6,688	1,781	2,693	695	7,459	11,365	6,054	768	1,423	1,575	2,870	2,818	308
Dorchester	1,746	1,411	3,817	1,999	-	587	10,302	-	5,123	613	1,097	2,131	2,570	2,512	438
Frederick	2,162	2,844	485	1,672	-	692	9,396	-	4,407	1,031	1,880	1,510	2,274	4,126	542
Garrett	1,845	2,171	185	2,082	941	603	10,709	-	4,924	716	786	1,381	2,114	2,517	76
Harford	1,769	2,570	1,135	2,004	-	649	10,677	6,522	5,913	1,174	1,869	1,782	2,325	3,916	512
Howard	2,384	1,632	73	1,952	-	805	9,099	-	3,514	679	1,372	2,013	2,290	4,740	156
Kent	1,997	1,297	66	1,474	-	767	8,842	-	5,367	509	1,131	1,408	3,052	3,504	227
Montgomery	2,190	1,580	755	1,787	970	669	10,460	1981	5,431	829	1,526	2,336	1,535	6,195	495
Prince George's	1,634	2,147	2,597	2,097	602	676	9,651	-	6,202	1,196	1,883	2,613	2,418	6,211	507
Queen Anne's	1,976	1,272	136	2,286	-	706	8,561	28,234	3,210	266	2,433	4,183	2,781	3,416	-
St. Mary's	1,633	2,179	1,058	1,618	2,456	605	10,252	-	4,433	425	1,844	2,442	3,300	5,440	193
Somerset	1,955	1,616	5,760	1,406	-	774	8,859	-	5,119	328	1,690	1,770	1,718	3,275	89
Talbot	1,850	582	891	1,391	-	659	8,385	-	5,384	682	976	1,577	2,623	2,750	118
Washington	1,888	1,986	4,283	1,228	414	512	9,939	448	5,241	469	1,046	1,290	2,774	2,448	268
Wicomico	1,825	1,832	3,017	2,197	293	634	8,396	3,844	4,347	334	1,522	2,985	1,798	3,844	150
Worcester	1,938	1,817	51	1,404	-	439	10,407	-	4,359	2,862	1,206	2,125	3,391	3,650	185

1 See Appendix A, Glossary of Terms for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1984

RESIDENCE OF ENROLLEE	TYPE OF SERVICE								
	All Services[1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$1,674	$640	$550	$178	$133	$111	$16	$20	$27
Baltimore City	1,466	645	337	226	102	96	14	18	28
Total Counties	1,917	636	794	123	170	128	18	23	25
Allegany	1,794	485	819	125	149	133	19	46	17
Anne Arundel	1,877	751	622	114	186	127	20	26	32
Baltimore	2,371	664	1,204	140	153	146	16	17	32
Calvert	1,754	663	561	116	235	121	18	16	25
Caroline	1,846	426	942	94	169	158	16	18	23
Carroll	2,483	683	1,271	93	205	179	17	7	26
Cecil	1,432	501	493	120	146	127	25	8	14
Charles	1,523	672	396	118	183	110	20	6	19
Dorchester	1,746	513	737	111	174	140	22	27	23
Frederick	2,162	642	1,022	87	181	152	16	34	29
Garrett	1,845	527	855	118	141	145	19	22	19
Harford	1,769	619	625	125	186	140	26	26	22
Howard	2,384	876	942	107	232	148	15	28	36
Kent	1,997	602	890	111	181	174	13	5	20
Montgomery	2,190	622	1,062	119	188	132	19	22	26
Prince George's	1,634	716	477	143	162	90	15	10	22
Queen Anne's	1,976	686	788	111	187	153	15	16	18
St. Mary's	1,633	625	566	110	162	110	20	23	17
Somerset	1,955	568	847	106	169	152	12	75	25
Talbot	1,830	474	874	129	186	144	14	19	18
Washington	1,888	390	1,022	89	152	161	21	27	25
Wicomico	1,825	554	730	112	156	138	21	90	23
Worcester	1,938	459	985	68	176	156	13	61	21

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 8. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1984

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	One Or More Types Of Service[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Recipients	380,833	65,226	18,223	216,851	292,563	273,028	85,706	4,647	141,904
Federally Matched Categorically Indigent	267,510	41,086	2,847	163,853	206,640	198,980	68,444	3,468	99,060
OAA	16,755	5,805	1,857	8,627	13,837	14,721	888	1,142	7,961
PANB	336	54	15	212	265	289	66	32	124
APTD	29,844	7,546	833	19,270	24,627	25,295	4,694	1,691	13,675
EP	75	12	0	54	61	65	4	8	34
AFDC	220,500	27,669	142	135,690	167,850	158,610	62,792	595	77,266
Federally Matched Medically Indigent	58,589	11,845	15,335	23,551	44,452	38,290	9,274	643	24,581
MAO	20,779	4,374	14,086	6,353	15,994	16,777	617	300	13,234
MAB	14	1	6	5	13	14	1	0	8
MAD	4,780	1,426	1,236	2,253	3,782	3,351	306	209	2,502
MAFC	4,549	404	0	2,212	3,583	2,568	1,736	14	1,349
MAC	20,188	3,336	3	8,699	14,713	10,427	5,581	55	4,596
MAR	8,279	2,304	4	4,029	6,367	5,153	1,033	65	2,892
Non-Federally Matched	54,734	12,295	41	29,447	41,471	35,758	7,988	536	18,263
GPA	30,617	6,326	14	18,951	24,376	23,644	5,289	383	12,745
STATE	23,638	5,944	27	10,305	16,745	11,845	2,477	153	5,401
SA	479	25	0	191	350	269	222	0	117

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 9. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND ELIGIBILITY CATEGORY: FISCAL YEAR 1984

RESIDENCE OF RECIPIENT	ELIGIBILITY CATEGORY[1]														
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
	All Categories[2]	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	380,833	16,755	336	29,844	75	220,500	20,779	14	4,780	4,549	20,188	8,279	30,617	23,638	479
Baltimore City	186,719	6,931	233	14,163	38	118,885	5,871	3	1,570	1,888	5,560	2,144	20,840	8,422	171
Total Counties	194,114	9,824	103	15,681	37	101,615	14,908	11	3,210	2,661	14,628	6,135	9,777	15,216	308
Allegany	9,686	325	14	804	1	4,984	756	0	159	50	1,093	485	223	884	8
Anne Arundel	19,470	731	4	1,692	1	10,787	1,187	1	286	299	1,424	624	972	1,448	14
Baltimore	28,070	1,120	5	2,364	7	14,846	3,110	2	467	407	1,359	777	1,707	1,862	37
Calvert	3,237	150	2	260	0	1,624	187	1	61	59	366	133	119	266	9
Caroline	2,495	247	0	277	1	1,243	190	0	26	25	176	72	72	152	14
Carroll	3,870	241	4	346	0	1,706	417	0	97	87	317	127	206	315	7
Cecil	5,662	170	1	338	0	3,115	257	1	68	72	707	264	144	525	0
Charles	6,286	264	4	429	2	3,088	273	1	92	107	897	215	188	714	12
Dorchester	4,060	484	3	354	0	2,043	286	0	55	57	261	94	130	276	17
Frederick	5,572	262	1	513	0	2,584	509	0	130	115	500	159	248	524	27
Garrett	3,197	157	2	301	3	1,401	229	0	50	24	482	179	68	296	5
Harford	8,600	316	6	644	0	4,917	471	2	121	103	656	369	348	631	16
Howard	3,458	187	1	303	0	1,126	352	0	100	73	510	297	81	423	5
Kent	1,516	146	1	107	0	672	152	0	33	10	146	49	42	154	4
Montgomery	21,218	1,491	16	1,492	6	9,579	2,265	1	406	309	959	389	2,754	1,513	38
Prince George's	38,603	1,307	16	2,803	8	23,957	1,908	0	527	539	2,154	894	1,658	2,782	50
Queen Anne's	2,238	167	2	161	0	1,154	198	1	45	27	165	52	85	181	0
St. Mary's	4,004	344	4	383	2	2,200	193	0	50	50	296	80	137	255	10
Somerset	2,868	359	1	158	0	1,314	223	0	34	19	307	120	62	260	11
Talbot	1,980	183	2	202	0	791	184	0	66	33	216	49	44	209	1
Washington	8,492	419	5	804	4	3,886	790	1	157	121	952	365	173	799	16
Wicomico	6,740	444	7	629	2	3,570	556	0	126	47	409	211	258	478	3
Worcester	2,792	310	2	217	0	1,218	225	0	54	28	276	131	58	269	4

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

[2] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1984

RESIDENCE OF RECIPIENT	TYPE OF SERVICE								
	One or More Type of Service [1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	380,833	65,226	18,223	216,851	292,563	273,028	85,706	4,647	141,904
Baltimore City	186,719	30,186	5,596	125,328	132,895	134,382	44,327	2,298	74,419
Total Counties	194,114	35,040	12,627	91,523	159,668	138,646	41,379	2,349	67,485
Allegany	9,686	2,053	684	6,370	7,881	7,500	2,516	195	2,679
Anne Arundel	19,470	3,474	1,024	8,334	16,720	14,083	4,382	220	7,439
Baltimore	28,070	4,449	2,739	12,980	22,604	20,374	6,031	266	10,974
Calvert	3,237	757	144	1,475	2,838	2,432	709	30	1,108
Caroline	2,495	463	192	1,113	2,166	1,874	535	32	695
Carroll	3,870	625	390	1,523	3,318	2,882	876	27	1,317
Cecil	5,662	1,063	229	3,067	4,779	4,248	1,310	25	1,436
Charles	6,286	1,172	170	2,989	5,185	4,515	1,406	38	2,284
Dorchester	4,060	937	242	2,181	3,522	2,995	1,031	62	1,367
Frederick	5,572	952	450	2,241	4,796	3,914	1,012	94	1,972
Garrett	3,197	679	218	1,736	2,557	2,336	738	46	779
Harford	8,600	1,611	416	4,117	7,210	6,419	2,232	109	2,766
Howard	3,458	691	260	1,270	2,929	2,427	641	65	1,452
Kent	1,516	319	116	752	1,302	1,110	300	9	398
Montgomery	21,218	3,594	1,799	8,869	17,779	14,614	3,874	242	7,689
Prince George's	38,603	7,059	1,526	17,830	29,568	25,726	7,329	332	13,392
Queen Anne's	2,238	456	155	948	1,978	1,696	464	16	702
St. Mary's	4,004	789	172	2,019	3,186	2,857	902	38	1,242
Somerset	2,868	510	182	1,356	2,543	2,140	506	92	1,061
Talbot	1,980	405	162	1,021	1,709	1,453	401	26	479
Washington	8,492	1,368	703	4,104	7,111	6,172	1,927	123	2,868
Wicomico	6,740	1,160	443	4,174	5,542	4,835	1,757	191	2,502
Worcester	2,792	454	211	1,054	2,445	2,044	500	71	884

[1] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 11. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1984

RESIDENCE OF RECIPIENT	UNITS OF SERVICE[1]								
	General Hospital Inpatient Discharges	General Hospital Inpatient Days	Nursing Facility Days	Outpatient Department Visits	Emergency Room Visits	Physician Home & Office Visits	Pharmacy Invoices	Dental Services	Home and Community Health Services
Total State	71,536	448,994	5,060,138	462,011	220,350	761,747	2,897,328	512,661	358,402
Baltimore City	33,851	220,860	1,566,912	402,475	127,373	311,131	1,309,865	247,843	164,232
Total Counties	37,685	228,134	3,493,226	59,536	92,977	450,616	1,587,463	264,818	194,170
Allegany	2,368	12,563	200,851	1,033	10,348	19,964	94,337	14,060	20,595
Anne Arundel	3,791	23,150	279,264	7,062	8,761	49,116	146,868	28,897	16,045
Baltimore	4,571	29,485	774,807	23,311	10,761	58,113	253,494	34,521	20,450
Calvert	801	4,200	39,846	557	1,015	10,261	24,457	4,015	2,793
Caroline	446	2,405	49,018	67	759	5,773	24,292	2,901	2,218
Carroll	634	3,766	107,274	677	1,199	8,954	38,593	5,092	1,430
Cecil	1,211	5,565	62,873	397	2,974	15,532	45,282	8,856	1,482
Charles	1,271	7,863	46,372	481	2,810	15,184	42,546	7,565	2,202
Dorchester	917	5,024	63,917	176	1,809	9,307	41,789	6,440	7,613
Frederick	1,018	6,108	123,937	321	2,808	12,566	48,982	6,881	7,226
Garrett	738	3,565	59,993	123	2,128	6,563	30,605	4,608	3,966
Harford	1,785	10,106	113,557	1,977	4,232	25,157	73,807	15,116	7,793
Howard	735	4,610	66,583	831	1,274	8,162	27,566	3,877	3,022
Kent	305	1,809	28,038	45	592	3,378	15,656	1,421	334
Montgomery	3,948	26,278	506,767	5,838	8,892	56,715	178,785	30,425	15,619
Prince George's	7,992	51,741	412,730	12,927	18,842	88,149	237,745	48,229	14,924
Queen Anne's	476	2,847	39,356	107	782	5,870	21,2.9	2,589	559
St. Mary's	864	5,212	44,179	499	1,871	8,366	26,97.	6,530	3,181
Somerset	471	2,811	50,237	215	913	4,804	28,130	2,754	14,485
Talbot	403	2,100	39,995	80	929	4,888	17,450	2,185	2,012
Washington	1,406	7,033	206,681	243	5,325	17,333	83,674	12,694	12,026
Wicomico	1,125	7,230	120,838	2,385	3,515	11,576	59,104	10,635	26,537
Worcester	409	2,663	56,113	184	438	4,885	26,089	2,527	7,658

[1] As a result of differences in data collection for general versus special hospitals, recipient inpatient discharges and days shown on this table include several hospitals which are designated as specialty facilities on Table 18.

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TABLE 12. PAYMENTS FOR SERVICES BY RACE, SEX AND AGE OF RECIPIENT:
FISCAL YEAR 1984

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT					
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	Over 64
Total Payments[1]	$572,016,964	$52,912,767	$57,656,143	$148,781,416	$104,732,317	$207,934,321
White	311,676,702	19,065,676	22,778,483	63,102,184	50,574,062	156,156,297
Male	93,892,827	10,638,822	8,712,828	22,902,879	19,519,575	32,118,723
Female	217,783,875	8,426,854	14,065,655	40,199,305	31,054,487	124,037,574
Non-White	260,340,262	33,847,091	34,877,660	85,679,232	54,158,255	51,778,024
Male	90,678,638	18,408,898	11,481,293	23,478,060	21,126,516	16,183,871
Female	169,661,624	15,438,193	23,396,367	62,201,172	33,031,739	35,594,153

[1] All payment figures exclude premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services.

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TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY RACE, SEX AND AGE: FISCAL YEAR 1984

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE					
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	Over 64
Total Enrollees	341,622	64,964	104,081	99,434	34,911	38,232
White	125,458	20,833	32,165	36,757	14,428	21,275
Male	46,439	10,528	15,029	10,799	5,157	4,926
Female	79,019	10,305	17,136	25,958	9,271	16,349
Non-White	216,164	44,131	71,916	62,677	20,483	16,957
Male	79,860	22,080	33,033	13,074	6,967	4,706
Female	136,304	22,051	38,883	49,603	13,516	12,251
Average Payment[1]	$1,674	$814	$554	$1,496	$3,000	$5,439
White	2,484	915	708	1,717	3,505	7,340
Male	2,022	1,011	580	2,121	3,785	6,520
Female	2,756	818	821	1,549	3,350	7,587
Non-White	1,204	767	485	1,367	2,644	3,053
Male	1,135	834	348	1,796	3,032	3,439
Female	1,245	700	602	1,254	2,444	2,905

[1] All payment figures exclude premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services.

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TABLE 14. NUMBER OF RECIPIENTS AND AVERAGE PAYMENT PER RECIPIENT BY AGE, RACE AND SEX: FISCAL YEAR 1984

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT					
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	Over 64
Total Recipients	380,833	74,028	105,155	116,933	42,480	42,237
White	161,067	27,670	39,303	48,666	19,121	26,307
Male	59,515	13,954	17,414	14,995	6,935	6,217
Female	101,552	13,716	21,889	33,671	12,186	20,090
Non-White	219,766	46,358	65,852	68,267	23,359	15,930
Male	80,634	23,005	28,213	16,610	8,152	4,654
Female	139,132	23,353	37,639	51,657	15,207	11,276
Average Payment[1]	$ 1,502	$ 715	$ 548	$ 1,272	$ 2,465	$ 4,923
White	1,935	689	580	1,297	2,645	5,936
Male	1,578	762	500	1,527	2,815	5,166
Female	2,145	614	643	1,194	2,548	6,174
Non-White	1,185	730	530	1,255	2,319	3,250
Male	1,125	800	407	1,413	2,592	3,477
Female	1,219	661	622	1,204	2,172	3,157

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1984

		AGE OF RECIPIENT				
TYPE OF SERVICE	All Ages	Under 6	6-20	21-44	45-64	Over 64
Total Payments[1]	$572,016,964	$52,912,767	$57,656,142	$148,781,416	$104,732,318	$207,934,321
Hospital Inpatient	218,699,876	34,599,419	30,099,920	84,517,099	52,804,602	16,678,836
Nursing Facility Care	187,884,075	16,956	36,647	3,963,603	17,688,494	166,178,375
Hospital Outpatient	60,666,405	9,062,890	11,975,856	27,087,150	10,474,763	2,065,746
Physician	45,509,020	5,875,051	7,436,949	17,985,320	9,031,465	5,180,235
Pharmacy	37,869,459	1,947,334	3,198,579	9,962,521	10,050,508	12,710,517
Dental	5,330,982	558,163	3,277,105	1,262,006	193,236	40,472
Home & Community Health	6,973,754	160,438	169,343	1,231,759	2,269,209	3,143,005
Special Services	9,083,393	692,516	1,461,743	2,771,958	2,220,041	1,937,135

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1984

TYPE OF SERVICE	AGE OF RECIPIENT					
	All Ages	Under 6	6-20	21-44	45-64	Over 64
One or More Types of Service[1]	380,833	74,028	105,155	116,933	42,480	42,237
Hospital Inpatient	65,226	6,872	10,488	26,332	11,014	10,520
Nursing Facility Care	18,223	4	11	300	1,577	16,331
Hospital Outpatient	216,851	45,622	55,865	72,933	25,075	17,356
Physician	292,563	55,325	74,363	93,977	35,304	33,594
Pharmacy	273,028	51,314	63,845	87,755	34,781	35,333
Dental	85,706	11,759	43,851	23,947	4,313	1,836
Home & Community Health	4,647	293	208	753	1,720	1,673
Special Services	141,904	17,166	33,617	47,747	20,017	23,357

1 Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1984

		AGE OF RECIPIENT				
TYPE OF SERVICE	All Ages	Under 6	6-20	21-44	45-64	Over 64
Total - All Services[1]	$ 1,502	$ 715	$ 548	$ 1,272	$ 2,465	$ 4,923
Hospital Inpatient	3,353	5,035	2,870	3,210	4,794	1,585
Nursing Facility Care	10,310	4,239	3,332	13,212	11,217	10,176
Hospital Outpatient	280	199	214	371	418	119
Physician	156	106	100	191	256	154
Pharmacy	139	38	50	114	289	360
Dental	62	47	75	53	45	22
Home & Community Health	1,501	548	814	1,636	1,319	1,879
Special Services	64	40	43	58	111	83

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 18. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1984

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	6,367,544	$ 218,699,876
Room and Board	533,618	$110,471,090
Operating/Recovery Room	59,094	12,784,104
Anesthesia	45,382	3,486,349
Delivery Room	13,101	6,332,646
Nursery	45,820	7,507,357
Laboratory	1,760,124	20,694,677
Radiology	169,877	7,001,220
EKG, EEG, etc.	53,824	1,989,726
Pharmacy	1,782,097	13,700,640
Blood/Trans	52,196	2,955,136
Supplies	1,276,482	13,422,940
Inhalation Therapy	304,656	5,429,799
Physical/Occupational Therapy	91,506	1,983,129
Emergency	26,509	2,210,502
Other	108,599	8,216,400
Inpatient Deductible	12,933	$ 3,652,165
Inpatient Coinsurance	18,419	2,152,394
Inpatient Collections	13,307	(5,290,398)

* Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1984

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL ALL FACILITIES	8,046,870	$187,884,075
TOTAL HOSPITAL BASED FACILITIES		
SNF (Days)	233,322	$15,259,020
TOTAL FREE-STANDING AND STATE FACILITIES	7,813,548	$172,625,055
Days of Care by Level and Intensity*		
ICF - Light	1,167,931	$46,731,388
ICF - Moderate	1,802,982	78,774,890
ICF - Heavy	528,194	27,003,715
ICF - Heavy Special	1,099,130	55,711,772
SNF - Light	51,699	2,057,614
SNF - Moderate	88,831	3,707,293
SNF - Heavy	26,914	1,345,594
SNF - Heavy Special	55,298	2,742,408
TOTAL DAYS	4,820,979	218,074,674
Medicare Coinsurance Days	5,837	$218,499
Ancillary Services	2,824,309	$8,906,100
Patient Resources/Collections	162,523	($54,574,218)

* Figures indicated are those as billed by providers and do not reflect adjustments based on review by the Department. A total of 4,956 ICF days and 405 SNF days for which care level could not be determined have been proportionately distributed by level of care.

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TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1984

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	2,212,207	$60,666,405
Clinic Visits	462,011	$16,225,072
Emergency Room Visits	220,350	12,134,743
Operating/Recovery Room	31,752	2,926,753
Anesthesia	13,802	499,478
Delivery Room	2,263	264,187
Radiology	159,828	7,404,605
Laboratory	732,657	9,337,961
EKG, EEG, etc.	20,806	796,282
Pharmacy	132,218	763,103
Blood/Transfusions	5,583	256,988
Supplies	202,348	1,829,576
Physical/Occupational Therapy	57,285	1,806,104
Other	62,583	2,960,561
Psych. Day Care	5,446	292,074
Outpatient Deductible	19,299	651,527
Outpatient Coinsurance	83,228	2,562,348
Collections	748	($44,957)

* Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY SERVICES AND PAYMENTS: FISCAL YEAR 1984

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	1,603,310	$23,351,098
Total Visits	770,650	12,952,718
Office	760,846	-
Home	901	-
Nursing Facility	8,903	-
EPSDT Screens	26,190	$831,908
Consultations	9,466	275,910
Laboratory	251,145	1,295,089
X-Ray, EKG, EEG	41,427	817,014
Drugs Dispensed	67,543	238,250
Clinics and Other Specified Services	257,294	4,894,115
Medicare Deductable & Coinsurance	179,436	2,097,314
Collections		($51,220)

Payments to Contract Clinics

Type of Clinic	Number of Clinics	Total Patients	Total Payments
Abortion	2	880	$118,049
Drug Abuse	15	2,089	826,838
Family Planning	6	12,977	636,537
Community Mental Health	7	1,136	471,247
Local Health Department Mental Health	42	5,349	1,280,853
Refugee	1	124	10,811
Rural Health	3	1,407	125,714

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1984

TYPE OF SERVICE	SERVICES				PAYMENTS			
	Total	Inpatient	Outpatient	Emergency Room	Total	Inpatient	Outpatient	Emergency Room
Total	886,463	571,010	180,383	135,070	$22,157,922	$17,855,757	$3,077,791	$1,224,374
Attending Physician	350,204	250,975	21,890	77,339	3,687,623	2,918,076	85,111	684,436
Surgery	73,041	47,373	15,398	10,270	8,891,102	7,501,397	1,175,492	214,213
Anesthesiology	21,155	17,654	3,420	81	1,432,004	1,286,333	143,166	2,505
Consultation	22,360	20,119	1,889	352	591,436	548,812	32,911	9,713
Radiology	211,533	92,184	81,270	38,079	2,246,333	1,049,317	942,417	254,599
Pathology	42,998	26,187	12,509	4,302	237,765	168,573	59,823	9,369
Supervision	109	109	0	0	109	109	0	0
Other Specified Services	71,734	52,783	14,304	4,647	1,367,875	1,087,274	231,062	49,539
Medicare Deductible & Coinsurance	93,329	63,626	29,703	0	3,703,675	3,295,866	407,809	0

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TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1984

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	2,897,328	$37,869,459	$13.07
Invoices reimbursed on Usual and Customary basis	1,122,936	13,483,800	12.01
Invoices reimbursed on allowable cost plus professional fee basis	1,774,392	24,385,659	13.74
Legend Drugs	1,716,414	23,520,128	13.70
Over-the-Counter Drugs	57,978	865,531	14.93

[1] Does not include 50¢ copayment made by recipients in state-only categories for each prescription filled except for EPSDT related and family planning prescriptions.

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TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1984

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
TOTAL SPECIAL SERVICES	1,036,995	$9,083,393
OPTOMETRIST-OPTICIAN SERVICES	310,183	$2,773,501
Diagnostic Services	105,326	1,044,245
Dispensing Services	48,803	630,785
Fabrication Services	156,054	1,098,471
AMBULANCE	20,445	$265,813
One Way Trips	4,877	242,577
Additional Miles	14,877	14,792
Other Services	691	8,444
VAN	14,369	$299,306
One Way Trips	11,110	286,538
Additional Miles	1,997	1,483
Other Services	1,262	11,285
PODIATRY	16,038	$429,560
Visits	1,710	15,230
Bone Joint Surgery	3,721	266,371
X-Ray & Laboratory	2,980	33,291
Other Procedures	7,627	114,668
MEDICAL LABORATORY SERVICES	259,853	$2,094,741
DURABLE MEDICAL EQUIPMENT	264,795	$1,419,968
HEARING AIDS	3,585	$59,203
PHYSICAL THERAPY	4,538	$40,421
COLLECTIONS	30	(2,160)
Total Deductible	18,185	445,891
Total Coinsurance	124,974	1,258,372
Total No Part B	-	(1,223)
Total Medicare	143,159	$1,703,040

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1984

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
GRAND TOTAL	74,614	533,618	$218,699,876	$412.76
GENERAL HOSPITALS	70,115	442,683	$193,152,299	$436.32
Baltimore City	38,198	258,448	$127,135,873	$491.92
Baltimore City Hospitals	2,371	18,737	9,833,937	524.84
Bon Secours	1,415	10,292	3,915,314	380.42
Church Hospital	1,168	7,936	3,214,043	405.00
Good Samaritan	132	962	290,700	302.18
Johns Hopkins	6,969	49,314	25,948,649	526.19
Lutheran	1,537	11,441	4,735,081	413.87
Maryland General	2,103	11,771	6,534,216	555.11
Mercy	2,035	11,478	5,132,369	447.15
North Charles General	838	7,576	2,708,932	357.57
Provident	3,095	21,922	9,104,838	415.33
St. Agnes	2,148	13,444	5,922,500	440.53
Sinai	2,595	16,312	8,766,847	537.45
South Baltimore General	2,276	12,109	4,499,636	371.59
Union Memorial	2,339	12,601	6,001,100	476.24
University of Maryland	6,300	45,998	28,500,329	619.60
Wyman Park Health System	877	6,555	2,027,382	309.29
Counties	29,208	166,964	$57,146,611	$342.27
Anne Arundel General	710	4,051	1,366,569	337.34
Baltimore County General	257	1,984	674,529	339.98
Calvert Memorial	798	3,939	1,191,485	302.48
Carroll County General	317	1,842	549,813	298.49
Clinton Community	127	485	184,152	379.69
Doctors' Hospital of P.G. County	431	2,963	1,266,019	427.28
Dorchester General, Cambridge	733	3,846	999,048	259.76
Edward McCready Memorial	196	866	325,125	375.43
Eugene Leland Memorial	478	4,306	1,169,345	271.56
Fallston General	368	2,306	743,863	322.58
Franklin Square	1,765	10,232	3,999,824	390.91
Frederick Memorial	742	3,705	1,026,332	277.01
Frostburg Community (Miner's)	171	943	254,722	270.12

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Counties (continued)				
Garrett County Memorial	474	1,908	659,595	345.70
Greater Baltimore Medical Center	773	3,780	1,436,529	380.03
Greater Laurel, Beltsville	464	3,313	1,072,355	323.68
Harford Memorial	1,187	5,771	1,726,377	299.15
Holy Cross	897	4,962	1,958,800	394.76
Howard County General	502	2,827	1,032,473	365.22
Kent & Queen Anne's General	440	2,600	719,910	276.89
Memorial, Cumberland	986	4,896	1,538,339	314.20
Memorial Hospital at Easton	1,064	5,337	1,554,576	291.28
Montgomery General	915	6,616	1,910,013	288.70
North Arundel	985	5,830	1,607,909	275.80
Peninsula General	1,632	9,419	2,796,619	296.91
Physicians' Memorial	709	3,361	1,202,156	357.68
Prince George's General	3,509	22,250	9,223,768	414.55
Sacred Heart	1,239	6,607	1,718,516	260.11
St. Joseph's	546	3,053	1,205,724	394.93
St. Mary's	573	2,803	858,780	306.38
Shady Grove Adventist	765	4,062	1,940,761	477.78
Southern Maryland	1,007	6,346	2,266,897	357.22
Suburban	367	3,295	1,170,923	355.36
Union of Cecil	843	3,480	1,187,368	341.20
Washington County	1,271	6,161	2,126,451	345.15
Washington Adventist	967	6,819	2,480,946	363.83
Washington D. C.	1,799	11,535	$6,796,822	$589.23
Capitol Hill	12	146	42,459	290.82
Columbia	21	199	103,973	522.48
D. C. General	26	112	69,418	619.80
George Washington	62	515	313,256	608.26
Georgetown University	206	1,737	902,653	519.66
Greater Southeast Community	916	5,239	2,777,583	530.17
Hadley Memorial	24	142	63,927	450.19
Howard University	74	420	202,920	483.14
Providence	152	778	394,735	507.37
Sibley Memorial	58	393	190,908	485.77
Washington Hospital Center	248	1,854	1,734,990	935.81
Other Out of State	691	4,787	$1,551,739	$324.16

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
CHRONIC HOSPITALS	2,053	48,750	$6,394,282	$131.16
Baltimore City (Chronic)	354	9,577	1,272,521	132.87
Children's Hospital (Chronic)	12	355	56,224	158.38
Good Samaritan Hospital (Special)	136	1,812	574,418	317.01
John Deaton	918	21,538	2,645,493	122.83
Levindale	439	10,708	1,328,839	124.10
Mt. Washington Ped. Hos.(Chronic)	7	186	24,425	131.32
Prince George's Hospital ECF	187	4,574	492,362	107.64
SPECIALTY FACILITIES	2,446	42,185	$15,489,198	$367.17
Bryn Mawr Rehab. Center	54	1,327	$319,176	$240.52
Childrens Hospital	118	647	231,336	357.55
Children's Hospital of D.C.	727	5,124	4,189,113	817.55
Elizabethtown Hosp. Child & Youth Ctr.	3	80	25,600	320.00
Hospital for Sick Children - DC	141	4,509	1,064,942	236.18
James Kernan	152	932	416,378	446.76
John F. Kennedy Institute	304	9,413	2,910,708	309.22
Johns Hopkins Oncology Ctr.	127	1,087	936,992	862.00
Lake Erie Inst. Rehab.	56	1,550	223,969	144.50
Mem. Hospital for Cancer	1	12	6,729	560.75
Mt. Washington Pediatric Hosp.	708	16,610	4,987,792	300.29
National Orthopedic - DC	6	88	21,407	243.26
Reading Rehab. Center	26	546	124,752	228.48
Woodrow Wilson Rehab. Ctr.	23	260	30,304	116.55
KIDNEY DISEASE PROGRAM	219	949	$521,254	$549.27
DIRECT THIRD PARTY RECOVERIES			($2,140,463)	
MEDICARE-DEDUCTIBLE AND COINSURANCE			$5,804,560	

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1984

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
GRAND TOTAL - ALL FACILITIES	191	5,060,138	$187,884,075
HOSPITAL BASED FACILITIES	6	233,322	$15,259,020
Baltimore City	4	203,222	$13,175,281
Baltimore City Nursing Facility		51,257	2,962,108
John L. Deaton Nursing Home		45,479	3,391,234
Keswick		28,320	1,292,138
Levindale Home		78,166	5,529,801
Prince George's County	1	26,797	$1,742,990
Prince George's Nursing Center		26,797	1,742,990
Talbot County	1	3,303	$340,749
Memorial Hospital Easton Nursing Facility		3,303	340,749
FREE STANDING FACILITIES	182	4,708,953	$168,131,560
Baltimore City	40	1,209,710	$44,615,665
Ardleigh Nursing Home		11,315	379,175
Ashburton Nursing Home		12,606	535,586
Belair Convalesarium		67,648	2,441,494
Blancaflor Nursing Home		7,791	275,103
Caton Manor Nursing Center		54,024	1,686,687
Century Home		25,053	980,863
Crawford Retreat		7,897	273,446
Dukeland Nursing Home - Queen Manor		35,949	1,422,753
Edgewood Nursing Home		26,344	928,492
Federal Hill Nursing Center		103,967	3,614,765
Friedlers Guest House		11,096	440,590
Garden Village		29,367	1,059,074
Garrison Nursing Home		6,516	264,273
Granada Nursing Home		39,333	1,539,336
Greater Pennsylvania Avenue Nursing Center		41,339	1,567,481

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	NUMBER OF DAYS	NET PAYMENTS
Baltimore City (Continued)			
Greenwood Acres Nursing Home		7,537	330,199
Hamilton Nursing Center		22,533	799,167
Harford Gardens Convalescent Center		20,577	736,781
Haven Nursing Home		6,977	276,266
Hayes Care Home		3,802	132,944
Jenkins Memorial		30,977	1,031,529
Jewish Convalescent & Nursing Home		231	6,637
Kenesaw Nursing Home		9,444	323,555
Kenson Nursing Home		12,132	577,355
Key Circle Hospice		35,008	1,238,352
Lafayette Square Nursing Center		89,860	3,269,874
Lake Drive Nursing Home		16,530	609,166
Levindale Home		39	(858)
Lincoln Convalescent Center		79,483	3,339,205
Long Green Nursing Center		9,325	222,184
Maryland Baptist Aged Home		11,559	496,789
Melchor Nursing Home		16,760	613,021
Midtown Home		48,551	1,803,084
Mt. Sinai Nursing Home		20,942	753,896
Pall Mall Nursing Home		26,663	1,073,552
Park Manor Nursing Home		9,670	397,051
Pimlico Manor		56,259	2,090,747
Pleasant Manor Nursing Home		41,025	1,470,659
Poplar Manor Nursing Home		50,304	1,958,587
Seton Hill Manor		103,277	3,656,805
Allegany County	5	158,662	$5,399,628
Allegany County Nursing Home		53,099	1,995,280
Cumberland Villa Nursing Center		23,070	669,074
Egle Nursing Home		7,686	267,211
Frostburg Villa Nursing Home of Allegany County		49,381	1,598,332
Lions Manor Nursing Home		25,426	869,731
Anne Arundel County	12	274,435	$8,948,308
Annapolis Convalescent Center		11,533	398,605
Arundel Geriatrics Nursing Center		6,862	224,815
Bay Manor Nursing Home		24,869	1,017,159

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Anne Arundel County (continued)			
Crofton Convalescent Center		23,572	851,824
Fairfield Nursing Center		28,960	959,123
Hammonds Lane Nursing Center		20,657	635,466
Knollwood Manor		31,004	1,089,507
Maryland Manor of Glen Burnie		29,646	937,396
Meridian Nursing Center - Severna Park		26,838	806,670
North Arundel Nursing and Convalescent Center		19,220	657,886
Plaza Manor Convalescent Home		24,093	654,880
Pleasant Living Convalescent Center		27,181	714,977
Baltimore County	35	943,991	$32,446,766
Armacost Nursing Home		13,211	520,450
Augsburg Lutheran Home		19,762	643,557
Bent Nursing Home		16,908	682,993
Chapel Hill Convalescent Home		15,827	553,688
Dulaney Towson Nursing Home		17,198	588,925
Eastpoint Nursing Home		18,351	713,949
Forest Haven Nursing Home		55,939	1,713,193
Frederick Villa Nursing Center		17,713	554,246
Garrison Valley Center		26,054	938,597
Heritage Nursing Center		42,891	1,293,342
Holly Hill Manor		2,616	92,522
Hurwitz House		6,458	197,675
Inglenook Nursing Home		24,698	964,989
Ivy Hall Nursing & Convalescent Home		7,107	208,132
Jewish Convalescent & Nursing Home		45,944	1,582,641
Katherine Robb Nursing Home		3,581	106,531
Little Sisters of the Poor		23,958	883,783
Manor Care - Rossville		42,963	1,313,459
Manor Care - Ruxton		28,686	983,827
Manor Care - Towson		15,806	538,516
MD Health Care Association - T/A Perring Pkwy.		21,330	772,182
Meridian Health Care - Catonsville		29,568	966,847
Milford Manor Nursing Home		16,681	580,696
Old Court Nursing Home		38,821	1,286,113
Pickersgill		18,490	556,910
Pikesville Convalescent Home		41,102	1,475,420
Meridian Nursing Center - Randallstown		57,939	1,875,796
Ridgeway Manor		15,630	614,542
Riverview Nursing Centre		75,199	2,807,220

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Baltimore County (Continued)			
St. Joseph's Nursing Home		6,191	236,930
Shady Nook Nursing Home		11,983	414,865
Stella Maris Hospice		77,864	2,609,577
Summit Nursing Home		10,737	352,442
Valley Nursing & Convalescent Center		44,785	1,686,913
Valley View Nursing Home		32,000	1,135,304
Calvert County	2	33,327	$1,165,286
Calvert County Nursing Center		21,091	710,166
Calvert House		12,236	455,120
Caroline County	2	41,924	$1,570,003
Caroline Nursing Home		16,045	528,505
Wesleyan Health Care Center		25,879	1,041,498
Carroll County	6	108,059	$3,620,347
Carroll Lutheran Villa Home Care Center		10,234	315,403
Golden Age Guest Home		6,507	231,855
Long View Nursing Home		8,682	315,087
Pleasant View Nursing Home #2		36,809	1,292,975
Sykesville Eldercare Center		15,693	534,117
Westminster Villa Nursing Center		30,134	930,910
Cecil County	3	57,519	$2,008,549
Calvert Manor Nursing Home		10,211	318,533
Devine Haven Convalescent Home		10,160	326,909
Laurelwood Nursing Center		37,148	1,363,107
Charles County	1	25,135	$1,240,136
Charles County Nursing Home		25,135	1,240,136
Dorchester County	2	54,999	$2,125,955
Cambridge House		46,812	1,788,520
Glasgow Nursing Home		8,187	337,435

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MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Frederick County	4	84,879	$2,856,089
Citizens Nursing Home of Frederick County		51,655	1,859,957
Frederick Nursing Center		21,699	625,125
Homewood Retirement Center		2,325	73,991
Vindobona Nursing Home		9,200	297,016
Garrett County	3	99,044	$3,518,513
Cuppett & Weeks Nursing Home		49,069	1,738,476
Dennett Road Manor		29,538	1,127,710
Goodwill Mennonite Home		20,437	652,327
Harford County	3	92,432	$3,365,391
Belair Convalescent Center		26,367	886,129
Brevin Nursing Home		13,949	547,213
Citizens Nursing Home		52,116	1,932,049
Howard County	1	44,297	$1,632,668
Lorien Nursing & Convalescent Home		44,297	1,632,668
Kent County	1	11,471	$389,551
Magnolia Hall		11,471	389,551
Montgomery County	20	509,461	$19,510,489
Bel Pre Health Care Center		11,533	388,639
Bethesda Health Center		49,755	1,899,958
Brooke Grove Nursing Home		10,443	366,614
Circle Manor Nursing Home		26,644	1,111,089
Collingswood Nursing Center		22,813	806,937
Colonial Villa Nursing Home		8,916	303,848
Fairland Nursing Home		8,712	333,404
Friends House Nursing Home		4,248	123,418
Hebrew Home of Greater Washington		100,671	3,940,028
Heritage Health Care Center		11,491	464,952
Herman M. Wilson Health Care Center		63,595	2,357,908

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENT BY FACILITY: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Montgomery County (Continued)			
Kensington Gardens		30,922	1,421,601
National Lutheran Home for Aged		52,102	1,939,129
Potomac Valley Nursing Center		21,726	941,764
Randolph Hills Nursing Home		12,909	470,270
Rockville Nursing Home		11,192	413,826
Sharon Nursing Home		6,478	219,746
Sligo Gardens		4,357	166,421
Sylvan Manor Health Care Center		26,348	980,331
University Nursing Home		24,606	860,606
Prince George's County	14	347,502	$12,853,575
Adelphi Manor		66,272	2,457,624
Carroll Manor		26,810	901,859
Clinton Convalescent Center		66,499	2,750,279
Fort Washington Rehab. Center		16,859	864,729
Greenbelt Nursing Home		29,444	1,012,133
Greater Laurel Nursing Home		31,502	1,209,079
Hillhaven Nursing Home		1,369	49,944
Hyattsville Manor		38,123	1,174,539
Madison Manor Nursing Home		8,636	333,477
Magnolia Gardens Nursing Home		20,569	726,582
Manor Care - Largo		20,504	726,143
Prince George's Nursing Care Center		103	(10,064)
Regency Nursing Center		13,003	416,677
Sacred Heart Home		7,809	240,574
Queen Anne's County	1	33,658	$1,040,457
Corsica Hills Nursing Center		33,658	1,040,457
St. Mary's County	2	50,117	$2,163,014
Amber House		35,681	1,578,190
St. Mary's Nursing Home		14,436	584,824
Somerset County	1	20,818	$869,405
Alice Byrd Tawes Nursing Home		20,818	869,405

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TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Talbot County	2	46,680	$1,347,197
The Pines		38,499	1,085,339
William Hill Manor		8,181	261,858
Washington County	10	234,050	$7,661,995
Avalon Manor		53,428	1,775,864
Clearview Nursing Home, Inc.		389	14,320
Coffman Home for the Aging		16,516	605,786
Colton Villa Nursing Center		38,724	1,192,582
Fahrney Keedy Memorial Home for the Aged		14,256	451,889
Garlock Memorial Convalescent Center		13,159	437,674
Homewood Retirement Center		13,767	468,636
Ravenwood Lutheran Village Nursing Home		18,530	612,859
Reeder Memorial Home		41,550	1,410,661
Williamsport Nursing Home		23,731	691,724
Wicomico County	3	129,254	$4,322,951
Riverwalk Manor		44,942	1,611,067
Salisbury Nursing Home		65,635	2,019,645
Wicomico Nursing Home		18,677	692,239
Worchester County	3	56,484	$2,160,212
Berlin Nursing Home		33,418	1,328,072
Harrison House		9,180	302,920
Hartley Hall		13,886	529,220
Out Of State	6	41,045	$1,299,410
STATE FACILITIES	3	117,863	4,511,505
Deer's Head Nursing Center		10,376	399,082
Tawes/Bland Bryant Nursing Center		86,416	3,267,294
Western Maryland Center		21,071	845,129
Recoveries & Adjustments			($18,010)

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TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1984

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Medicare & Coinsurance	Collections
Total	682,361	462,011	220,350	$60,666,405	$16,225,072	$12,134,743	$29,137,672	$3,213,876	($44,958)
General Hospitals in Baltimore City	528,421	398,151	130,270	$41,145,589	$13,512,433	$7,754,409	$18,493,523	$1,396,006	($10,782)
Baltimore City	29,740	22,853	6,887	3,103,972	754,406	378,451	1,824,201	146,914	-
Balto. City CPPA - C & Y	723	723	-	21,690	21,690	-	-	-	-
Bon Secours	15,674	10,030	5,644	1,217,759	223,694	407,516	515,870	70,679	-
Church	11,325	6,140	5,185	1,119,059	204,212	352,176	518,868	44,629	(326)
Good Samaritan	1,405	1,136	269	151,999	35,207	14,626	87,231	14,935	-
Johns Hopkins	137,157	97,713	39,444	12,322,014	4,675,971	2,651,599	4,692,984	301,460	-
Johns Hopkins C & Y	23,737	23,737	-	712,110	712,110	-	-	-	-
Johns Hopkins Oncology Center	-	-	-	8,753	(519)	-	-	9,272	-
Lutheran	11,034	7,444	3,590	842,296	208,415	237,326	331,515	65,040	-
Maryland General	16,358	11,515	4,843	1,663,442	326,980	352,741	891,352	92,369	-
Mercy	31,461	24,802	6,659	1,823,222	669,669	271,567	818,162	70,690	(6,866)
North Charles General	10,945	10,940	5	703,408	353,508	174	313,023	36,746	(43)
Provident	26,182	17,813	8,369	2,372,401	637,202	457,281	1,214,177	63,741	-
Provident-Druid C & Y	5,673	5,673	-	170,190	170,190	-	-	-	-
St. Agnes	23,314	16,492	6,822	1,680,638	498,881	387,884	757,806	37,609	(1,542)
Sinai	33,000	21,400	11,600	2,594,078	665,833	722,036	1,107,973	98,239	(3)
South Baltimore	30,435	16,717	13,718	2,028,016	337,822	503,120	1,149,171	39,092	(1,189)
Union Memorial	25,847	18,051	7,796	2,470,687	623,021	481,177	1,314,097	52,408	(16)
University of Maryland	73,520	65,045	8,475	5,226,016	1,707,542	479,305	2,807,444	231,904	(179)
Univ. MD. Comm. Ped. Center	16,038	16,038	-	481,140	481,140	-	-	-	-
Wyman Park Health System	4,853	3,889	964	432,699	205,459	57,430	149,649	20,279	(118)

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TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF HOSPTAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Medicare & Coinsurance	Collections
General Hospitals in Counties	137,233	53,254	83,979	$14,741,647	$2,091,133	$3,920,100	$7,859,512	$892,631	($21,729)
Anne Arundel General	3,338	8	3,330	433,119	(3,780)	173,237	237,210	26,940	(488)
Baltimore County General	1,625	63	1,562	150,812	(1,530)	59,660	76,220	16,611	(149)
Calvert Memorial	1,578	438	1,140	283,707	9,394	84,583	170,308	19,767	(350)
Carroll County General	1,105	11	1,094	157,391	682	56,616	89,740	10,353	-
Clinton Community	1,049	533	516	70,732	3,904	8,748	55,347	2,733	-
Doctor's of P.G. County	3,540	2,367	1,173	163,962	37,977	90,715	31,967	3,600	(297)
Dorchester General, Cambridge	1,694	39	1,655	272,394	(335)	79,377	150,058	43,555	(261)
Edward McCready Memorial	636	69	567	162,207	1,525	33,024	105,861	21,797	-
Eugene Leland Memorial	1,258	-	1,258	198,392	(38)	59,503	124,884	14,526	(483)
Fallston General	1,595	426	1,169	179,604	9,083	49,851	112,910	8,605	(845)
Franklin Square	13,758	8,324	5,434	1,087,697	307,038	226,027	524,187	33,448	(3,003)
Frederick Memorial	2,701	6	2,695	252,676	279	89,108	150,668	13,189	(568)
Frostburg Community	1,192	1	1,191	118,286	27	48,617	44,698	25,300	(356)
Garrett County Memorial	1,920	42	1,878	220,341	1,877	92,166	105,607	20,788	(97)
Greater Balto. Med. Center	25,235	24,046	1,189	1,529,680	1,011,474	61,675	429,640	27,459	(568)
Greater Laurel	1,071	2	1,069	176,514	89	40,601	128,900	6,924	-
Harford Memorial	3,289	1	3,288	507,679	(1,268)	205,191	271,168	33,015	(427)
Holy Cross	4,339	1,981	2,358	454,637	76,481	117,503	245,526	15,443	(316)
Howard County General	1,058	-	1,058	149,522	(869)	49,603	93,949	7,378	(539)
Kent & Queen Anne's General	1,009	53	956	174,592	13,436	62,706	87,413	11,181	(144)
Memorial, Cumberland	6,479	300	6,179	540,716	7,107	232,554	258,864	43,126	(935)
Memorial Hospital at Easton	2,178	-	2,178	389,037	(4)	138,753	197,566	52,722	-
Montgomery General	2,101	775	1,326	266,307	27,070	56,780	174,075	10,429	(2,047)
North Arundel	3,303	16	3,287	345,770	(298)	121,055	212,197	14,244	(1,428)
Peninsula General	6,602	2,333	4,269	744,775	51,765	162,659	405,749	124,817	(215)
Physician's Memorial	2,251	4	2,247	380,252	(1,241)	136,254	224,476	21,435	(672)
Prince George's General	14,859	6,249	8,610	1,953,179	384,162	445,018	1,060,167	63,832	-
Sacred Heart	3,597	661	2,936	386,453	15,206	109,751	236,004	25,716	(224)

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TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1984 (Continued)

LOCATION AND NAME OF HOSPTAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Medicare & Coinsurance	Collections
General Hospitals In Counties (continued)									
St. Joseph's	3,275	1,786	1,489	248,205	37,846	63,279	133,655	13,820	(395)
St. Mary's	1,796	16	1,780	252,748	782	98,148	131,430	22,388	-
Shady Grove Adventist	2,420	18	2,402	451,777	1,783	146,184	285,444	18,933	(567)
Southern Maryland	1,716	1	1,715	394,477	59	118,340	251,722	27,468	(3,112)
Suburban	564	10	554	129,651	(245)	23,243	94,917	12,366	(630)
Union of Cecil	2,385	20	2,365	355,440	(74)	79,818	264,208	12,072	(584)
Washington Adventist	5,390	2,626	2,764	595,241	100,291	142,072	328,874	24,122	(118)
Washington County	5,327	29	5,298	563,675	1,478	157,676	363,903	42,529	(1,911)
Specialty Facilities	6,427	6,425	2	$718,802	$455,935	$81	$257,596	$5,633	($443)
Children's	302	302	-	62,918	5,925	-	56,507	486	-
James Kernan	2,825	2,825	-	116,545	21,034	-	95,451	178	(118)
J.F. Kennedy Institute	3,085	3,085	-	490,705	390,595	-	100,435	-	(325)
Keswick Home	-	-	-	3,646	-	-	-	3,646	-
Levindale Hebrew Home	-	-	-	1,323	-	-	-	1,323	-
Mt. Washington Pediatric	215	213	2	43,665	38,381	31	5,203	-	-
Out of State Hospitals	10,161	4,073	6,088	$2,476,895	$213,631	$473,607	$1,743,220	$58,441	($12,004)
Kidney Disease Program	119	108	11	$1,686,305	$3,022	$356	$806,294	$876,633	-
Direct Third Party Recoveries	-	-	-	($102,833)	($51,082)	($13,810)	($22,473)	($15,468)	-

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TABLE 28. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PHYSICIAN ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1984

LOCATION OF PROVIDER	PAYMENTS		PHYSICIAN ACCOUNTS[1]		NUMBER OF PHYSICIAN ACCOUNTS IN PAYMENT GROUP						
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$45,509,020	100.0	5,623	100.0	664	1,329	1,795	755	577	201	302
Baltimore City	16,615,289	36.5	1,291	23.0	137	276	401	166	142	48	121
Total Counties	26,357,519	57.9	3,430	61.0	252	688	1,203	559	413	147	168
Allegany	1,222,580	2.7	114	2.0	4	8	43	24	22	5	8
Anne Arundel	1,856,008	4.1	298	5.3	16	61	120	59	22	6	14
Baltimore	5,879,764	12.9	734	13.1	62	200	240	83	81	30	38
Calvert	624,070	1.4	38	0.7	1	2	9	10	4	5	7
Caroline	97,704	0.2	8	0.1	-	1	2	2	1	1	1
Carroll	494,581	1.1	88	1.6	5	23	38	11	7	2	2
Cecil	424,336	0.9	35	0.6	-	1	8	9	12	2	3
Charles	614,816	1.3	44	0.8	1	3	7	10	13	5	5
Dorchester	401,261	0.9	36	0.6	4	2	5	7	12	4	2
Frederick	595,558	1.3	91	1.6	2	13	36	19	17	2	2
Garrett	229,147	0.5	15	0.3	3	2	-	3	3	3	1
Harford	1,083,445	2.4	131	2.3	10	22	40	25	16	8	10
Howard	1,192,240	2.6	114	2.0	4	23	39	20	13	8	7
Kent	240,400	0.5	27	0.5	1	4	5	7	8	1	1
Montgomery	3,559,289	7.8	765	13.6	76	205	308	84	56	17	19
Prince George's	4,396,886	9.7	549	9.8	45	87	192	112	59	27	27
Queen Anne's	78,373	0.2	7	0.1	-	-	1	2	4	-	-
St. Mary's	398,889	0.9	37	0.7	3	4	8	7	9	4	2
Somerset	211,246	0.5	16	0.3	-	2	3	4	5	-	2
Talbot	590,299	1.3	50	0.9	-	5	13	14	13	1	4
Washington	962,695	2.1	107	1.9	8	7	42	21	15	7	7
Wicomico	1,088,579	2.4	112	2.0	7	11	38	22	21	8	5
Worcester	115,353	0.2	14	0.2	-	2	6	4	-	1	1
Out of State	2,536,212	5.6	902	16.0	275	365	191	30	22	6	13

[1] Physician accounts include individual and group practices and contract clinics.

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TABLE 29. PHARMACY PROGRAM: PAYMENTS AND NUMBER OF PARTICIPATING PHARMACIES (PROPRIETARY AND INSTITUTIONAL) BY LOCATION OF PHARMACY AND PAYMENT GROUP: FISCAL YEAR 1984

LOCATION OF PHARMACY	PAYMENTS[1]		PARTICIPATING PHARMACIES		NUMBER OF PHARMACIES IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $1,000	$1,000 $4,999	$5,000 $9,999	$10,000 $19,999	$20,000 $49,999	$50,000 And Over
Grand Total	37,869,459	100.0	905	100.0	88	96	117	182	221	201
Baltimore City	15,999,359	42.2	165	18.2	6	6	11	24	28	90
Total Counties	19,419,963	51.3	586	64.8	28	69	86	138	168	97
Allegany	1,018,408	2.7	21	2.3	-	-	3	3	8	7
Anne Arundel	1,451,618	3.8	48	5.3	1	6	7	7	21	6
Baltimore	5,385,009	14.2	140	15.5	7	22	27	32	29	23
Calvert	588,997	1.6	3	0.3	-	-	-	-	1	2
Caroline	308,729	0.8	7	0.8	-	-	-	2	3	2
Carroll	407,698	1.1	16	1.8	-	-	3	5	7	1
Cecil	378,788	1.0	7	0.8	-	-	-	-	3	4
Charles	440,825	1.2	9	1.0	-	-	-	2	3	4
Dorchester	338,642	0.9	8	0.9	1	-	-	1	4	2
Frederick	380,469	1.0	18	2.0	1	3	4	2	7	1
Garrett	397,155	1.0	7	0.8	-	-	-	-	5	2
Harford	676,310	1.8	28	3.1	-	4	3	6	12	3
Howard	236,435	0.6	19	2.1	2	3	6	4	3	1
Kent	149,534	0.4	4	0.4	-	1	-	1	-	2
Montgomery	1,841,985	4.9	84	9.3	5	15	11	32	16	5
Prince George's	2,446,346	6.5	104	11.5	8	7	18	34	26	11
Queen Anne's	121,714	0.3	3	0.3	-	-	-	-	2	1
St. Mary's	315,867	0.8	6	0.7	-	1	-	-	2	3
Somerset	242,912	0.6	6	0.7	-	-	-	1	3	2
Talbot	195,108	0.5	6	0.7	-	1	-	1	3	1
Washington	1,115,630	2.9	20	2.2	2	1	2	3	5	7
Wicomico	663,945	1.8	9	1.0	-	1	-	1	3	4
Worcester	317,839	0.9	13	1.3	1	4	2	1	2	3
Out-of-State	2,450,137	6.5	154	17.0	54	21	20	20	25	14

[1] Does not include 50¢ copayment made by recipients in state-only categories for each prescription filled except EPSDT-related and family planning prescriptions.

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TABLE 30. DENTAL PROGRAM: PAYMENTS AND NUMBER OF DENTAL ACCOUNTS BY PROVIDER LOCATION AND PAYMENT GROUP: FISCAL YEAR 1984

LOCATION OF PROVIDER	PAYMENTS[1] Amount	PAYMENTS[1] Percent of Total	DENTAL ACCOUNTS Number	DENTAL ACCOUNTS Percent of Total	NUMBER OF DENTAL ACCOUNTS IN PAYMENT GROUP Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000 & Over
Grand Total	$5,330,982	100.0	1,410	100.0	223	527	402	122	72	64
Baltimore City	2,216,085	41.6	259	18.4	25	65	71	36	26	36
Total Counties	3,030,324	56.8	1,068	75.7	168	425	318	86	44	27
Allegany	136,990	2.6	33	2.3	1	12	9	7	4	-
Anne Arundel	337,486	6.3	125	8.9	13	57	38	8	4	5
Baltimore	517,851	9.7	216	15.3	43	91	59	12	4	7
Calvert	45,523	0.9	12	0.8	-	4	6	1	1	-
Caroline	16,982	0.3	5	0.4	-	-	4	1	-	-
Carroll	45,656	0.9	38	2.7	4	19	14	1	-	-
Cecil	79,315	1.5	15	1.1	-	2	7	3	3	-
Charles	63,554	1.2	20	1.4	3	6	7	2	2	-
Dorchester	68,503	1.3	11	0.8	1	2	4	1	3	-
Frederick	66,228	1.2	36	2.6	4	16	13	2	1	-
Garrett	41,059	0.8	14	1.0	1	4	5	4	-	-
Harford	202,574	3.8	54	3.8	9	23	10	7	2	3
Howard	59,993	1.1	40	2.8	8	24	6	1	-	1
Kent	25,834	0.5	4	0.3	-	-	1	2	1	-
Montgomery	370,117	6.9	185	13.1	52	75	41	10	5	2
Prince George's	469,002	8.8	158	11.2	23	57	54	10	11	3
Queen Anne's	10,206	0.2	4	0.3	-	-	3	1	-	-
St. Mary's	66,595	1.2	16	1.1	1	4	8	1	1	1
Somerset	13,386	0.3	4	0.3	-	-	3	1	-	-
Talbot	100,470	1.9	9	0.6	-	4	2	1	-	2
Washington	139,144	2.6	33	2.3	-	10	15	6	1	1
Wicomico	141,396	2.6	25	1.8	1	10	8	3	1	2
Worcester	12,462	0.2	11	0.8	4	5	1	1	-	-
Out of State	84,573	1.6	83	5.9	30	37	13	-	2	1

[1] Includes payments to individual and group practices and clinics.

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TABLE 31. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1984

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE									
		Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Medical Day Care	Personal Care	Other Services	Collections
Maryland State	$6,973,754	$1,546,593	$529,493	$220,132	$57,685	$54,463	$35,132	$1,774,326	$2,662,371	$95,020	$(1,461)
Baltimore City	3,255,920	836,906	224,199	101,686	16,769	24,700	23,426	773,556	1,188,399	66,744	(465)
Total Counties	3,718,691	709,687	305,294	118,446	40,916	29,763	11,706	1,000,770	1,473,972	29,133	(996)
Allegany	386,132	61,676	1,808	977	4,350	257	1,421	169,273	146,633	521	(784)
Anne Arundel	397,120	57,729	22,125	10,065	4,030	2,075	235	212,561	84,335	3,975	(10)
Baltimore	383,079	97,123	46,060	20,184	2,099	5,339	1,776	26,869	173,312	10,397	(80)
Calvert	42,606	8,937	5,680	305	-	-	-	-	27,347	337	-
Caroline	32,057	7,574	884	311	-	-	-	-	22,830	458	-
Carroll	21,429	3,934	536	2,638	-	-	-	-	14,310	11	-
Cecil	35,405	10,982	3,840	6,145	4,490	2,380	-	-	7,379	189	-
Charles	31,876	5,989	-	902	-	781	-	1,864	22,190	150	-
Dorchester	86,651	1,506	986	1,497	-	-	-	-	82,408	254	-
Frederick	143,728	22,460	23,306	3,967	2,155	2,905	-	27,281	60,276	1,378	-
Garrett	54,233	13,783	-	360	-	-	30	-	39,647	413	-
Harford	175,036	73,997	44,531	5,712	1,895	4,559	-	-	41,099	3,243	-
Howard	70,820	19,556	9,179	3,675	3,705	661	851	14,403	17,490	1,300	-
Kent	5,583	1,855	128	164	-	37	-	-	3,257	142	-
Montgomery	396,356	84,939	28,448	21,031	4,610	1,688	5,741	187,810	62,547	(458)	-
Prince George's	338,975	117,042	48,612	28,224	5,984	6,402	1,543	32,465	96,553	2,272	(122)
Queen Anne's	27,680	11,794	2,793	7,964	4,277	430	23	-	-	399	-
St. Mary's	77,768	3,954		2,292	692	1,050	-	57,073	11,771	936	-
Somerset	170,154	3,277	67	212	-	-	23	5,927	160,576	72	-
Talbot	29,394	6,756	2,176	306	-	-	-	-	19,961	195	-
Washington	182,243	12,336	31,136	1,515	2,629	1,199	63	24,361	108,809	195	-
Wicomico	501,507	54,016	4,205	-	-	-	-	240,883	200,037	2,368	-
Worcester	128,859	28,472	28,794	-	-	-	-	-	71,206	387	-
Recoveries	(857)	-	-	-	-	-	-	-	-	(857)	-

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 32. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1984

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE: Optometrist-Optician Services	Ambulance Service	Van Service	Podiatry	Medical Laboratory Services	Medical Supplies	Hearing Aids	Physical Therapy	Medicare Deductible & Coinsurance	No Medicare Part B Coverage
Maryland State	$9,083,393	$2,771,339	$265,813	$299,306	$429,561	$2,094,741	$1,419,968	$59,203	$40,421	$1,704,263	($1,222)
Baltimore City	5,131,004	1,700,075	175,472	228,674	294,718	1,150,503	771,308	26,389	16,889	766,976	-
Total Counties	3,959,331	1,073,239	90,513	70,632	139,336	944,238	648,660	32,814	23,532	937,287	(1,222)
Allegany	140,474	61,914	5,326	-	1,740	14,310	26,362	482	-	30,340	-
Anne Arundel	487,120	112,056	16,775	6,801	13,238	129,329	86,238	4,738	6,571	111,374	-
Baltimore	741,351	160,650	22,217	37,253	30,185	152,138	99,917	5,015	6,176	227,800	-
Calvert	65,673	17,985	727	130	6,108	23,334	6,838	30	-	10,521	-
Caroline	42,360	14,278	344	848	923	3,891	14,564	1,331	-	6,181	-
Carroll	76,109	15,155	1,752	1,994	2,068	12,918	12,667	718	381	28,456	-
Cecil	62,738	31,674	506	52	222	9,932	15,008	121	99	5,124	-
Charles	100,576	36,881	670	234	2,034	28,982	13,575	558	229	17,413	-
Dorchester	74,349	29,318	1,196	174	3,837	8,610	13,091	1,459	203	16,461	-
Frederick	120,475	25,671	2,342	260	9,643	26,154	30,199	121	928	25,157	-
Garrett	47,418	21,956	782	-	130	4,145	14,997	-	-	5,408	-
Harford	145,843	50,397	4,824	451	6,229	28,551	25,572	1,007	3,557	25,255	-
Howard	90,475	16,329	2,791	260	1,632	30,864	11,639	-	73	26,887	-
Kent	21,988	9,996	424	-	222	1,044	6,424	508	336	3,034	-
Montgomery	473,737	83,497	4,968	8,727	21,598	142,181	62,169	3,498	2,999	144,100	-
Prince George's	755,058	187,468	12,638	11,452	19,811	255,454	115,778	8,135	1,580	143,662	(920)
Queen Anne's	30,718	12,296	1,561	64	(43)	5,469	3,437	74	157	7,703	-
St. Mary's	55,947	22,195	973	1,191	858	11,816	6,699	145	243	11,827	-
Somerset	55,719	20,348	474	52	2,362	7,792	11,792	-	-	12,879	-
Talbot	27,232	8,799	408	-	671	2,277	7,051	1,422	-	6,604	-
Washington	170,346	64,677	3,391	468	4,500	23,179	29,830	1,050	-	43,251	-
Wicomico	128,667	53,421	4,490	126	8,734	14,092	27,412	1,164	-	19,228	-
Worcester	44,958	16,278	934	95	2,614	7,776	7,401	1,238	-	8,622	-
Recoveries	($6,942)	($1,975)	($172)	-	($4,493)	-	-	-	-	-	($302)

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TABLE 33. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: PAYMENTS AND SERVICES TO LOCAL HEALTH DEPARTMENTS: FISCAL YEAR 1984

LOCATION OF HEALTH DEPARTMENT	NUMBER OF SCREENS	PAYMENTS[1]
Maryland State	13,142	$406,253
Baltimore City	1,210	31,304
Total Counties	11,932	374,949
Allegany	752	24,134
Anne Arundel	1,478	45,569
Baltimore	610	18,323
Calvert	182	5,672
Caroline	134	4,290
Carroll	232	8,087
Cecil	407	12,622
Charles	500	16,705
Dorchester	1	35
Frederick	620	19,983
Garrett	401	14,343
Harford	466	15,066
Howard	132	3,915
Kent	67	2,001
Montgomery	778	22,735
Prince George's	2,197	65,079
Queen Anne's	116	3,685
St. Mary's	258	8,916
Somerset	67	2,241
Talbot	-	-
Washington	871	27,684
Wicomico	1,164	37,823
Worcester	499	16,041

[1] These figures reflect only those services and payments reported by Local Health Departments during fiscal year 1984. Other tables in this report do not include payments to Local Health Departments for EPSDT services.

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984

	FISCAL YEAR				
	1984	1983	1982	1981	1980
Number of Recipients	380,833	386,623	387,584	378,390	358,182
Payments: All Services[1]	$572,016,964	$515,836,886	$446,715,075	$415,157,319	$367,654,693
Hospital Inpatient	$218,699,876	$203,072,245	$180,714,973	$179,061,095	$169,532,879
Nursing Facility Care	187,884,075	161,764,484	139,896,935	125,075,043	103,213,193
Hospital Outpatient Care	60,666,405	56,477,101	49,025,687	43,606,800	37,819,979
Physician Services	45,509,020	42,095,766	34,967,960	31,160,674	25,800,272
Pharmacy Services	37,869,459	33,153,476	26,408,324	21,791,973	18,119,414
Dental Services	5,330,982	5,854,505	5,909,092	6,811,754	6,622,081
Home and Community Health Services	6,973,754	4,702,493	2,772,458	1,377,932	951,538
Special Services	9,083,393	8,716,816	7,019,646	6,272,048	5,595,335
Average Number of Enrollees	341,622	351,109	354,309	363,943	347,820
Federally Matched Indigent	263,851	261,470	270,277	279,431	269,584
Federally Matched Medically Indigent	43,577	49,615	45,824	46,640	45,069
Non-Federally Matched	34,194	40,024	38,208	37,872	33,167
Average Payment Per Enrollee: All Services[1]	$1,674	$1,469	$1,261	$1,141	$1,057
Federally Matched Indigent	980	864	755	676	645
Federally Matched Medically Indigent	5,083	3,957	3,574	3,300	2,855
Non-Federally Matched[2]	2,683	2,335	2,061	1,913	1,961
Hospital Inpatient Care	$640	$578	$510	$492	$487
Nursing Facility Care	550	461	395	344	297
Hospital Outpatient Care	178	161	138	120	109
Physician Services	133	120	99	85	74
Pharmacy Services	111	94	74	60	52
Dental Services	16	17	17	19	19
Home and Community Health Services	20	13	8	4	3
Special Services	27	25	20	17	16

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984 (Continued)

	FISCAL YEAR				
HOSPITAL INPATIENT SERVICES	1984	1983	1982	1981	1980
Number of recipients	65,226	67,451	67,857	68,150	68,622
Payments: Total	$218,699,876	$203,072,245	$180,714,973	$179,061,095	$169,532,879
General Hospitals					
Number of recipients	53,782	53,122	54,265	52,632	53,523
Number of discharges	70,115	70,105	71,870	70,049	71,727
Number of days of care	442,683	460,933	481,605	564,751	585,848
Number of Medicare recipients	11,444	13,138	12,610	13,579	14,198
Payments: Total	$198,822,499	$188,191,890	$170,436,579	$171,473,135	$162,832,335
Inpatient care	193,152,299	183,115,004	166,023,750	166,786,741	159,477,090
Average per diem payment	436.32	397.27	344.73	295.33	272.22
Medicare deductible and coinsurance	5,670,200	5,076,886	4,412,829	4,686,394	3,355,245
Average number of days per discharge	6.3	6.6	6.7	8.1	8.2
Average number of days per enrollee	1.30	1.31	1.36	1.55	1.68
Special Hospitals					
Number of recipients	1,313	1,686	1,449	1,364	1,376
Number of days of care	90,935	83,174	81,838	75,339	67,895
Payments: Total	$22,017,840	$17,521,433	$12,773,794	$9,591,002	$8,062,550
Inpatient care	21,883,480	17,426,100	12,480,930	9,330,627	7,686,786
Average per diem interim payment	240.65	207.29	152.51	123.85	113.22
Medicare deductible and coinsurance	134,360	95,333	292,864	260,375	375,764
Average number of days per enrollee	0.27	0.24	0.23	0.21	0.20
Collections: Total	($2,140,463)	($2,641,078)	($2,495,400)	($2,003,042)	($1,362,006)

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984 (Continued)

NURSING FACILITY PROGRAM	FISCAL YEAR 1984	1983	1982	1981	1980
Number of recipients of service	18,223	18,430	17,390	16,500	15,481
Number of days of care: Total	5,060,138	4,918,876	4,712,143	4,527,264	4,249,801
Nursing care	5,054,301	4,910,139	4,702,525	4,513,663	4,233,509
Medicare coinsurance	5,837	8,737	9,618	13,601	16,292
Payments: Total	$187,884,075	$161,764,484	$139,896,935	$125,075,043	$103,213,195
Nursing care	187,665,576	161,480,597	139,763,828	124,902,229	103,016,377
Medicare coinsurance	218,499	283,887	133,107	172,814	196,818
Average per diem payment	$37.13	$32.89	$29.72	$27.67	$24.33
Nursing care	37.43	32.49	13.84	12.71	12.08
Medicare coinsurance					
Average number of days per enrollee					
Nursing Care	15.04	13.98	13.27	12.40	12.17
Medicare coinsurance	0.02	0.02	0.03	0.04	0.05

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984 (Continued)

HOSPITAL OUTPATIENT PROGRAM	FISCAL YEAR 1984	1983	1982	1981	1980
Number of recipients	216,851	221,037	220,558	218,125	207,039
Number of emergency room (ER) and outpatient department (OPD) visits	682,361	685,228	682,390	698,261	699,156
Payments: Total	$60,666,405	$56,477,101	$49,025,687	$43,606,800	$37,819,979
Emergency room and outpatient department visits	$28,359,815	$26,125,945	$23,062,675	$20,857,382	$19,054,253
Ancillary services	$29,092,715	$27,370,409	$23,377,515	$20,609,878	$16,952,423
Average payment per visit	$84.20	$78.07	$68.06	$59.39	$51.50
Medicare deductible and coinsurance	$3,213,875	$2,980,747	$2,585,497	$2,139,540	$1,313,303
Average number of ER and OPD visits per enrollee	1.20	1.95	1.92	1.92	2.01
Average number of ER and OPD visits per recipient	3.15	3.10	3.09	3.20	3.38

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984 (Continued)

PHYSICIAN SERVICES	FISCAL YEAR 1984	1983	1982	1981	1980
Number of recipients	292,563	300,978	296,684	283,075	269,369
Payments: Total	$45,509,020	$42,095,766	$34,967,960	$31,160,674	$25,800,224
Office, Home & Nursing Facility Services					
Number of recipients	237,593	240,144	232,085	216,929	209,336
Payments: Total	$23,351,098	$21,155,636	$17,538,388	$14,861,430	$12,003,431
Physician					
Number of Visits	770,650	801,482	750,199	676,346	703,753
Payments					
Visits	$12,952,718	$13,219,309	$10,961,559	$8,698,545	$6,108,115
Specified services	6,100,558	3,787,075	3,413,770	2,916,848	2,811,585
Medicare deductible and coinsurance	2,097,314	2,100,856	1,620,087	1,605,118	1,438,121
Number of visits per enrollee	2.25	2.28	2.12	1.86	2.02
Number of visits per recipient	3.24	3.34	3.23	3.12	3.36
Clinics					
Payments	$2,251,728	$2,084,348	$1,572,428	$1,650,190	$1,646,168
Collections	($51,220)	($35,952)	($29,456)	($9,271)	($939)
In Hospital Service					
Number of recipients	156,646	162,136	158,457	155,815	143,924
Payment: Total	$22,157,922	$20,940,130	$17,429,572	$16,299,244	$13,797,174
Service to: Inpatients	$14,559,891	$13,818,927	$11,839,534	$11,409,926	$9,655,034
Outpatients	2,669,982	2,671,566	2,242,261	1,838,140	1,573,020
Emergency room patients	1,224,374	1,146,329	981,815	869,387	658,309
Medicare deductible and coinsurance	$3,703,675	$3,338,831	$2,395,300	$2,191,957	$1,911,891
Collections	(-0-)	($35,523)	($29,338)	($10,166)	($1,080)

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984 (Continued)

DENTAL SERVICES	FISCAL YEAR 1984	1983	1982	1981	1980
Number of recipients		89,815	89,261	90,823	84,733
Payments: Total	$5,330,982	$5,854,505	$5,909,092	$6,811,754	$6,622,081
Diagnostic	753,151	841,866	856,128	925,217	905,511
Preventive	1,128,510	1,067,626	845,136	857,479	807,458
Restorative	1,315,645	1,563,599	1,682,040	1,850,620	1,786,919
Endo/Periodontic	344,010	442,353	405,026	483,525	438,165
Prosthodontic	92,468	104,252	140,622	869,360	1,177,721
Oral surgery	706,117	771,457	767,830	800,925	851,262
Other services	991,081	1,063,352	1,212,310	1,024,628	655,045
Number of Selected Services					
Prophylaxes	56,398	59,055	56,858	58,206	54,316
Floride treatments	48,734	50,522	50,416	51,567	45,840
Fillings	82,183	99,703	116,883	129,715	144,868
Extractions	43,309	54,433	59,954	66,142	69,823
Full upper or lower dentures	23	38	56	1,994	3,208
Partial dentures	287	329	450	2,793	3,416
PHARMACY SERVICES					
Number of recipients	273,028	276,176	273,351	263,872	249,657
Number of invoices: Total	2,897,328	2,870,691	2,741,959	2,578,293	2,441,939
Payments: Total	$37,869,459	$33,153,476	$26,408,324	$21,791,973	$18,119,414
Average payment per invoice:	$13.07	$11.55	$9.63	$8.45	$7.42
Average number of invoices per enrollee	8.5	8.2	7.7	7.1	7.0
Average number of invoices per recipient	10.6	10.4	10.0	9.8	9.8

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1980-1984 (Continued)

	FISCAL YEAR				
HOME AND COMMUNITY HEALTH SERVICES	1984	1983	1982	1981	1980
Number of recipients	4,647	3,944	3,422	2,594	1,950
Payments: Total	$6,973,754	$4,702,493	$2,772,458	$1,377,932	$951,538
Nursing Service	1,546,594	1,240,868	1,040,866	669,138	547,120
Home Health Aid	529,493	571,209	568,402	367,248	278,387
Physical, Occupational & Speech Therapy	332,280	283,473	217,771	106,152	90,161
Medical Day Care	1,774,326	1,140,823	332,496	136,617	0
Personal Care	2,662,370	1,375,620	531,698	37,962	0
Other Specified Services	128,691	90,498	79,855	46,065	33,245
Medicare deductible	-0-	-0-	1,370	14,750	2,625
SPECIAL SERVICES					
Number of recipients	141,904	143,935	127,410	114,860	106,928
Payments: Total	$9,083,393	$8,716,816	$7,019,646	$6,272,048	$5,595,335
Optometry & Optician Service	2,773,501	2,979,337	2,682,842	2,552,512	2,507,675
Ambulance & Van Service	565,119	568,772	525,111	537,131	383,114
Medical Laboratory Service	2,094,741	1,978,349	1,445,967	1,076,246	903,117
Medical Supplies	1,419,968	1,329,769	1,008,738	813,099	677,857
Podiatry	429,560	419,429	329,190	361,518	307,782
Physical Therapy	40,421	35,404	17,204	15,906	19,692
Hearing Aids	59,203	65,085	37,453	0	0
Medicare deductible and coinsurance	1,704,263	1,340,655	973,141	915,636	796,098
No Medicare Part B Coverage	(1,223)	27			
Recoveries (other)	($2,160)	($11)			

MARYLAND PHARMACY ASSISTANCE PROGRAM

TABLE 35. SUMMARY OF SELECTED PHARMACY ASSISTANCE PROGRAM DATA: FISCAL YEARS 1979-1984

PHARMACY ASSISTANCE SERVICE	1984	1983	1982	1981	1980	1979
Average Enrollment	11,370	10,761	10,573	12,290	7,344	4,951 *
Maximum Gross Allowable Income Base	$5,100	$4,950	$4,600	$4,400	$4,100	$3,300
Total Payments	$3,494,592	$2,710,740	$2,320,597	$2,018,976	$1,128,060	$95,665
Total Number of Prescriptions	234,945	208,311	212,611	212,779	134,825	13,164 *
Average Payment per Prescription	$14.88	$13.01	$10.91	$9.49	$8.37	$7.27 *
Average Cost per Recipient	$307.00	$252.00	$220.00	$164.00	$154.00	$19.00 *

* Represents six months of operation.

APPENDIX A
GLOSSARY OF TERMS

ENROLLEES — Those persons who apply for and are determined eligible for Aid to Families with Dependent Children, General Public Assistance, Supplemental Security Income or Medical Assistance. Each enrollee receives a Medical Assistance identification card.

RECIPIENTS — Medical Assistance enrollees who use their Medical Assistance identification cards to receive services.

FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORIES

OAA — Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB — Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD — Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP — Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC — Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children benefits.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

MAO — Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI.

MAB — Medical Assistance to the Blind. Individuals who are disabled and are not recipients of SSI.

MAD — Medical Assistance to the Disabled. Individuals who are disabled and are not recipients of SSI.

MAFC — Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker-relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC — Medical Assistance to Individuals Under 21 and In Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR — Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children who do not receive cash assistance.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY

GPA — General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated disability or advanced age and lack of experience in the labor market.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

STND I — Standard I. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker-relative and are not receiving cash assistance in either a federal or a state-only program.

SA — Subsidized Adoptions. Children with special needs who have been adopted, through the Maryland Department of Human Resources, by families whose income and/or assets render the children financially ineligible for Medicaid coverage.

APPENDIX B
TECHNICAL NOTE

Enrollees are generally issued plastic Medical Assistance identification cards for periods of either three or twelve months. During these periods, an enrollee may be found to be no longer eligible for Medical Assistance. In addition, some enrollees are found ineligible retroactively. This loss of eligibility may be due to a change in the individual's marital status, employment or financial situation. Upon receipt of information which indicates a change that requires cancellation of eligibility, the Department of Social Services informs the enrollee by letter that s/he is no longer eligible for Medical Assistance and must return the Medical Assistance card.

Historically, when an individual's Medical Assistance eligibility has been cancelled prior to the expiration date on her/his identification card, the individual has continued to be counted as an enrollee until the expiration date on the card. These "cancelled" enrollees have appeared in the Standard I enrollment category.

In addition, providers have had limited means for identifying enrollees whose eligibility had been cancelled prior to the expiration dates on their Medical Assistance cards. Therefore, the Program has paid the relatively small number of claims submitted for "cancelled" recipients with valid identification cards who have continued to use their cards. To address this situation an eligibility verification system is being implemented whereby providers will be able to easily verify the eligibility status of any enrollee. This will greatly reduce the potential for service utilization by a "cancelled" enrollee.

Since Program payments for these enrollees have always been relatively small, and since the eligibility verification system will eliminate most of the remaining payments, as of fiscal year 1982 enrollees with a "cancelled" status are no longer counted in Program enrollment figures.

In order to compare enrollment or enrollment-related statistics from this publication, which excludes "cancelled" enrollees, with those of publications prior to fiscal year 1982, which include "cancelled" enrollees, both figures for fiscal years 1971 through 1981 are listed on the following page.

Fiscal Year	Average Monthly Enrollment	
	Excluding Cancelled Enrollees	Including Cancelled Enrollees
1971	336,715	337,715
1972	375,981	385,981
1973	398,715	414,715
1974	382,306	402,806
1975	386,718	416,151
1976	395,034	424,606
1977	371,067	405,925
1978	346,544	380,098
1979	337,571	365,854
1980	347,820	376,276
1981	363,943	394,466

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies or procedures on the basis of religion, age, sex or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

*Applicable laws and policy are available on request.